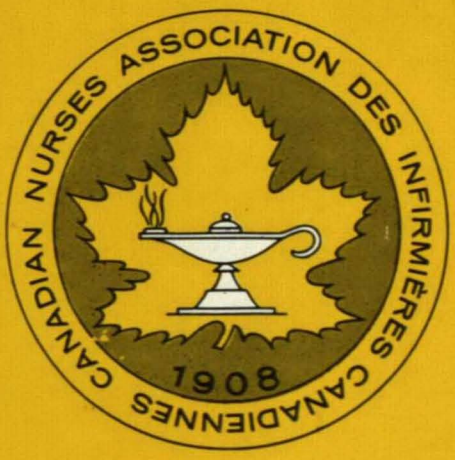
the Canadian Nurse



VOLUME 59 • NUMBER 8
MONTREAL

AUGUST 1963

NURSING SERVICE AND NURSING EDUCATION

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CNA QUESTIONNAIRE

LABORATORY SERVICES AND THE WARD NURSE

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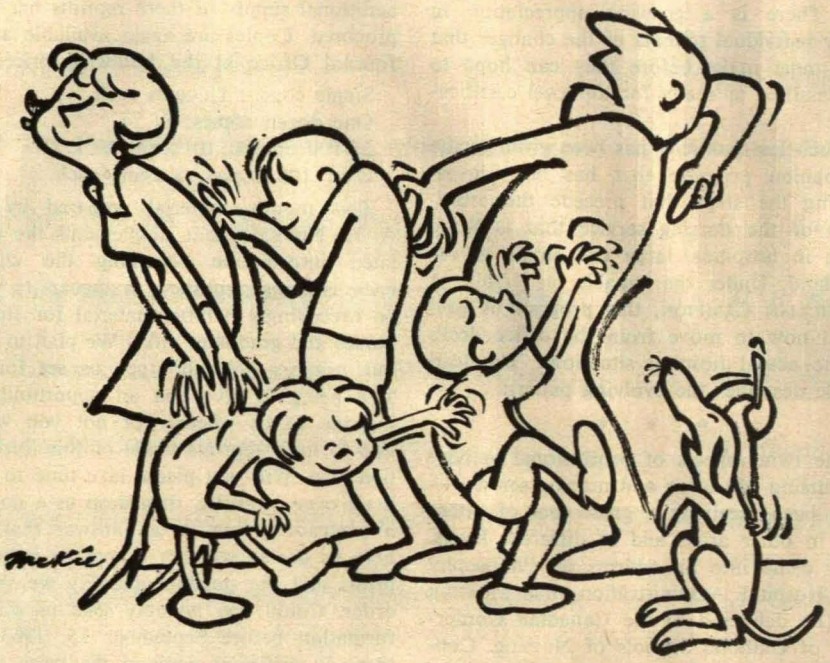

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Between Ourselves

Several reports have been published regarding the CNA program that is aimed at upgrading the status of and improving the level of performance in our schools of nursing. There is a growing appreciation in many individual schools of the changes that they must make before they can hope to be classified as ready for top-level certification.

Much less publicity has been given to the companion program that has been investigating the steps that precede the evaluation of the nursing service that is being given in hospitals, large and small, across our land. Under the capable leadership of F. LILLIAN CAMPION, this program is prepared now to move from the office desks to the actual hospital situations. The lead article describes the evolving pattern.

* * *

The twin aspects of professional activity — nursing education and nursing service — have been receiving a great deal of attention in other areas and at different levels. They came into an address on Philosophy and Hospital Administration that MOTHER MAILLÉ delivered to the Canadian Conference of Catholic Schools of Nursing. Concern over the multiplicity of problems that revolve around them inspired the title, "Our Dilemma has More than Two Horns," that HAZEL B. KEELER chose for a Saskatchewan radio address. DR. R. F. BADGLEY revealed his concern with the present state of affairs when he selected "The Tragedy of Nursing Education" as the focus of his thinking in an address to nurses in Saskatoon.

You will find a good many things to think about and to discuss in this assortment of articles. As members of the nursing profession we have been quite emphatic in our claim that we have the right, the responsibility and the duty to set professional standards. But a few dozen or even a few hundred leaders cannot do this alone. *Every* nurse has her proportionate share of responsibility for the goals we hope to reach; hence, every nurse should be fully aware of what people are thinking and saying and doing about nursing.

* * *

Three times over the past dozen or more years we have published a very helpful compendium of information regarding clinical laboratory tests commonly being used in our hospitals. Thousands of reprints of this material have been purchased. An additional supply of these reprints has been procured. Copies are again available at the Journal Office at the following prices:

Single copies: 15 cents each.
One dozen copies: $1.50.
25-100 copies: 10 cents each.
Over 100 copies: 8 cents each.

This month, material prepared by DR. A. H. NEUFELD that supplements the tabulated information regarding the clinical tests, is being published. It appears to us to be exceedingly helpful material for student nurses and graduates alike. We plan to have our printers hold the type as set for the time being to give you an opportunity to indicate to us whether or not you would like to have reprints made of this information also. Will you please take time to look it all over carefully, then drop us a note or a postcard giving us an answer that will help us decide whether or not to order reprints and the possible quantity we should order. Could you possibly send us this information before September 15, 1963 ? If there is sufficient demand the price range would probably be as listed above.

* * *

We are having quite a lot of trouble with gremlins that muddle up the pages in the bindery. If your copy in incomplete please give us the opportunity to send you another one.

Last June, the gremlins picked up three lines of type from the wrong galley for insertion on page 557. The item should have read *"The University of Toronto School of Nursing* has welcomed several new staff members during the past month."

Your Red Cross reminds you that the best places to swim are those that are supervised by qualified lifeguards. Make sure that your swimming areas are free from rocks, broken glass, stumps, weeds and holes. Have fun in the sun. Be water wise!

THE CANADIAN NURSE

August 1963, Vol. No. 8

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE *nor of the Canadian Nurses' Association.*

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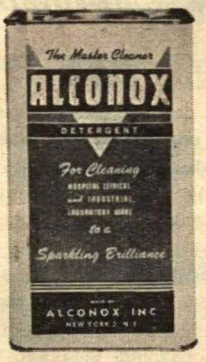
The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.



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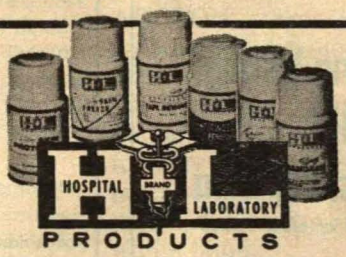

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One of the recommendations made by the CNA in their recent Submission to the Royal Commission on Health Services, was "that the education of nurses be under the jurisdiction of institutions whose primary function is education."

The possibility of a course in basic nursing to be carried on within the general framework of the educational system is to be investigated by the Registered Nurses' Association of Ontario. This proposed post-secondary school course would provide opportunities in the practice field through affiliations with health agencies including hospitals and public health services. As members of the faculty of the school, nurse educators would develop the course in nursing allowing for integration of the student where possible so that full advantage is taken of this educational setting.

The Association, with the cooperation and approval of the Ontario Department of Education, has been holding discussions with the Ryerson Institute of Technology in Toronto which has shown positive interest in the proposed program. Miss DOROTHY ROWLES has been engaged to conduct the study.

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Random Comments

Dear Editor:

We have read with much interest the series of articles concerning the many aspects of rehabilitation (March 1963).

These studies are really outstanding, and we would like permission to reproduce them in our journal.

ROGER PYGAL, Editor in Chief,
Maison d'enfants et d'adolescents de France.

Dear Editor:

We would like to subscribe to *The Canadian Nurse* for the use of our faculty, students and staff. So many times I find references to your Journal and we feel we should have it.

ZELLA STRANDBERG, Librarian, Waterloo, Iowa.

Dear Editor:

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Architectural Barriers to the Handicapped

Disabled persons, fully trained for a job, often find high steps and narrow doorways prevent their entering the building in which a job awaits. A study in the U.S. produces specifications to make buildings accessible to the handicapped.

Many a disabled person has completed an intensive course of physical restoration and vocational preparation to enable him to resume his place as a wage earner and responsible member of his community, only to find his way blocked by architectural features of buildings that prevent his using the building to do a job that he is fully capable of performing. Many a senior citizen has found himself more and more restricted in his participation in church and community life because of the physical strain imposed by stairs.

A recent study in the United States has come to the assistance of the Civilian Rehabilitation Branch in the Department of Labour, the Canadian Paraplegic Association and other organizations in their efforts to remove architectural barriers to the handicapped.

The United States Society for Crippled Children and Adults and the President's Committee on the Employment of the Handicapped co-sponsored a study into the architectural problems faced by persons who use wheelchairs, prostheses, braces or crutches as well as those with poor sight or hearing or poor coordination.

After two years of study, the Committee representative of 48 national organizations, drew up specifications recommended for making public buildings and facilities accessible and safe to the handicapped and infirm.

Standards

These standards, recently approved by the American Standards Association, include:

The grading of ground to normal entrance level. Public walks at least 48 inches wide with a grade not greater than 5 per cent.

Some extra-wide spaces in all parking lots for persons with wheel-chairs or on braces or crutches.

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These standards are being distributed to federal and provincial departments of Public Works, architectural associations and others, who, by their combined efforts can do much to assure that older citizens and the disabled can fully participate in the life of the community.

Recent Applications

That architects and builders are already giving thought to this problem is evident. Three examples from different parts of Canada are:

The New O'Keefe Centre for the Performing Arts in Toronto has incorporated features to make it readily accessible to persons in wheel-chairs or otherwise disabled. The entrance to the Centre is step-free: there is not a single step from car to main floor of the theatre. Within the theatre itself eight to ten wheel-chairs can easily be accommodated, in an excellent location, at any one performance.

Fort Garry United Church, the second building in Fort Garry, Man., to have a ramp for the convenience of the handicapped — Fort Garry Public Library, opened in 1959, was the first — has just built a Christian Education building with a ramp leading from the main entrance of the church into a hall from which access may be had to either the church or the new building.

In Halifax a new bowling alley has included street level entrances, easily managed ramps and special facilities in the rest rooms for wheelchair users.

Reprinted with permission from *The Labour Gazette,* Vol. LXII No. 4, 1962. *Occupational Health Bulletin,* Vol. 17, Nos. 11/12, 1962.

* * *

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-SAMUEL BUTLER

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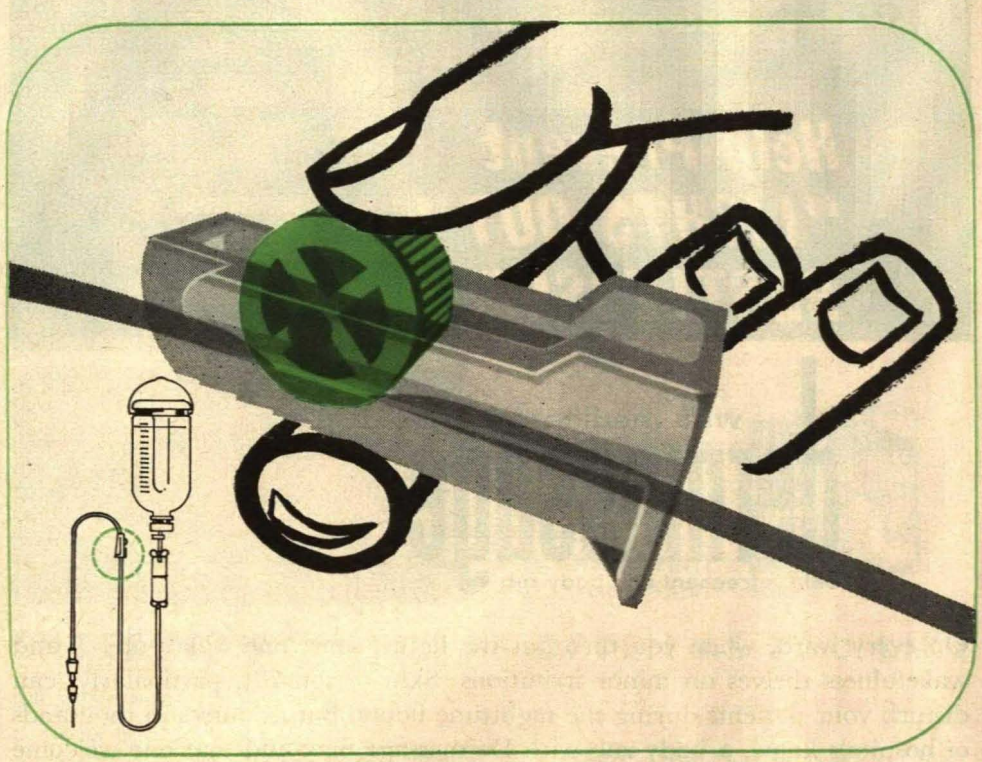

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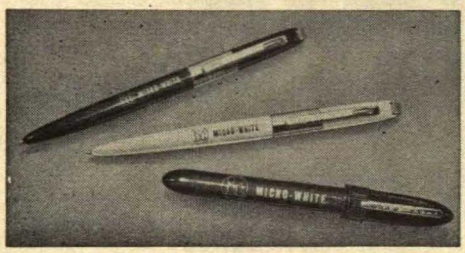

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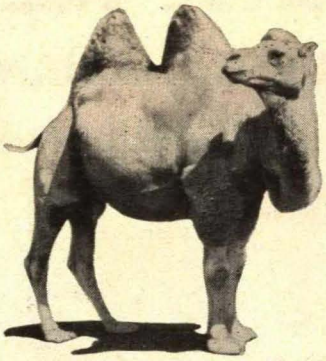

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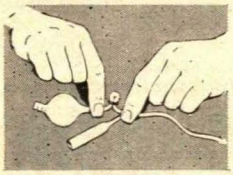

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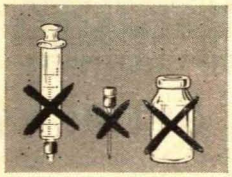

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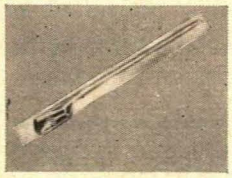

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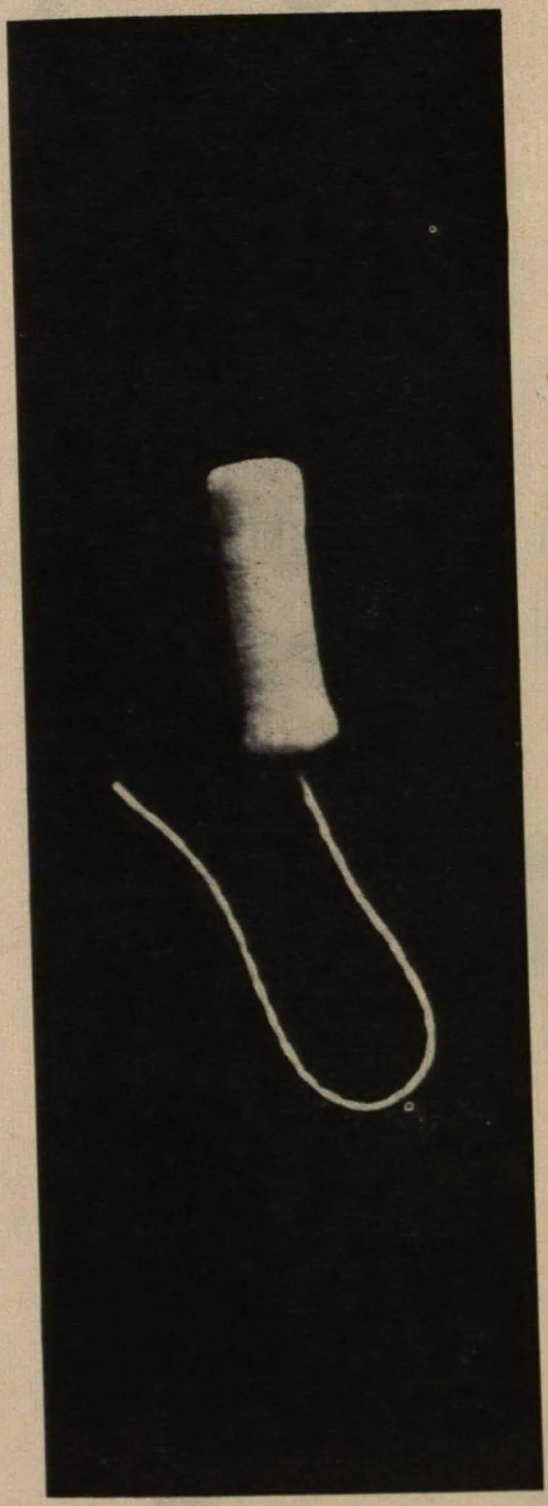

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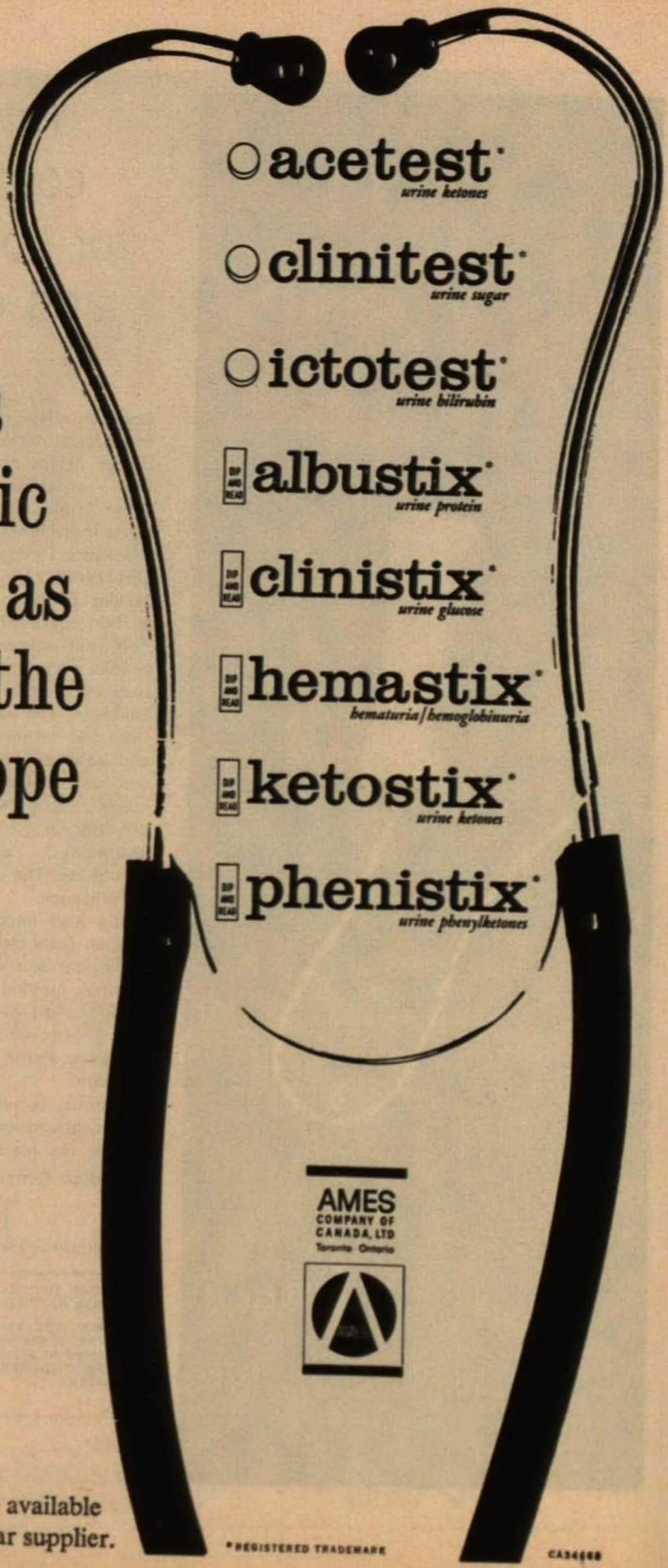

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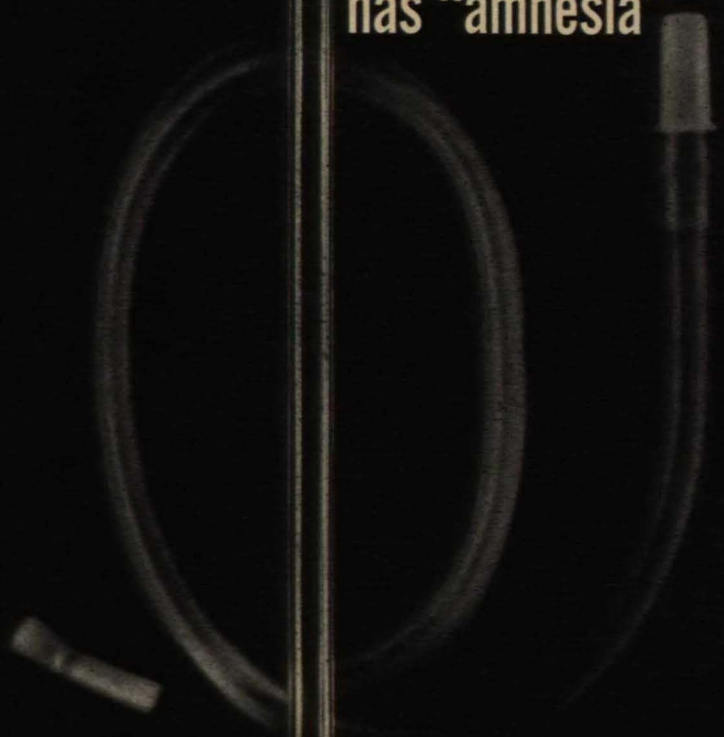

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Nursing Service Study

Two years have passed since it was announced that the Canadian Nurses' Association was planning to take a long, hard look at nursing services in Canada. Though little has been written about the Study for the Evaluation of the Quality of Nursing Service, much has been done in its development.

The project, it will be recalled, resulted from Dr. Helen Mussallem's two-year survey of nursing schools in Canada. In the report of that study, *Spotlight on Nursing Education,* it was pointed out that efforts were made to determine if the quality and quantity of patient care provided by the nursing service staff ensured a suitable environment for learning but that it would have been desirable to spend more time surveying the clinical situation than was possible during a one-week survey. The report called for an evaluation program of nursing service.

The "go-ahead" signal was given this third recommendation of the Pilot Project at the 1960 CNA biennial meeting. With the appointment of Miss F. Lillian Campion, (nursing service

(Nakash, Montreal)

F. LILLIAN CAMPION

secretary for the CNA since 1953) as director, a project to measure the degree of excellence of nursing service in Canada was ready to be launched.

This was no small task for Miss Campion. Facing her were the questions: "What is excellence in nursing? By what criteria and by what methods does one measure this?" She knew that excellence would mean different things to different people — nurses, doctors, patients, families, administrators — and that there would be individual emphasis on what each would consider excellent. In establishing criteria for the evaluation of quality, she would have to take into consideration that some would stress the kindness and warmth of the nurse to her patient, her skill in relieving distressing symptoms, or her sensitivity to the patient's feelings and her responsiveness to his needs; others would consider her technical competence, efficiency and economy of time and effort more important. To still others her creativity in devising new ways to meet social needs would seem the important aspects of excellence.

As a basis for setting up criteria, Miss Campion spent two months visiting leaders in nursing and research in the United States as well as Canada, for many other aspects of goodness in nursing had to be considered in the evaluation plan. This preliminary phase, aided by a Rockefeller Foundation study grant, was followed by the appointment of an advisory committee. Months of work went into formulating criteria that would apply to all major fields of nursing service. Before a final plan was developed, a set of tentative criteria was given a five-week test period. The final statement, covering six major aspects of nursing service — nursing service within the organization; philosophy and objectives; administration of nursing service; nursing care; personnel; and physical facilities — was completed in April 1963. The next three months were spent in preparation for Phase 3 of the project — applying the criteria to a sampling of nursing service agencies.

Following a similar pattern to that of the Mussallem Pilot Project, an individual survey of hospitals is to be made by Miss Campion, her co-worker Miss Irene Buchan and regional representatives. Hospitals of 100 or more beds have been invited to participate. A two-week survey visit to a sampling of those volunteering to take part begins next month. Of the 247 hospitals contacted, 122 have agreed to participate. The survey will include individual and group interviews with hospital administrators, directors of nursing, nursing personnel, student nurses and patients, as well as observation of direct nursing care. It is the hope of the team to talk with doctors also to obtain their opinions concerning the quality of nursing service.

Before the survey team arrives, each hospital will complete a comprehensive questionnaire and will be paid a preliminary visit for interpretation of the project. The Department of National Health & Welfare, the Canadian Medical Association, the Canadian Hospital Association, and provincial medical, hospital, and registered nurses' associations have been kept informed of the project.

A report of the findings of each hospital will be prepared and will be studied by a panel to determine if the quality of nursing service meets the established criteria and to identify areas of strengths and weaknesses. With the completion of the surveys some time late in 1964, a final report will be presented to the CNA with recommendations relative to the improvement of the quality of nursing service.

JUNE FERGUSON,
Public Relations Secretary
CNA.

Read not to contradict and confute, nor to believe and take for granted, nor to find talk and discourse, but to weigh and consider. — FRANCIS BACON

Economy is going without something you do want in case you should, some day, want something you probably won't want. — SIR ANTHONY H. HAWKINS

THE PHILOSOPHY OF HOSPITAL ADMINISTRATION

MOTHER PAULINE MAILLÉ, r.h.s.j.

The philosophic principles of administration and of nursing service must be brought into line in order to produce the best possible care for patients.

Consideration of the philosophy of the hospital and of its nursing service is a logical outcome to study of the philosophy and objectives of the school of nursing. Studies have shown that considerable unrest and many problems arise when administrative philosophy is at variance with that of other hospital services, in particular nursing service.

As a starting point, the definition of philosophy is worthwhile reviewing. It may range from the humor of Shakespeare in *Romeo and Juliet,* "Philosophy is adversity's sweet milk," to the viewpoint that seems to fit in particularly well with this discussion, "Every great philosophy is the confession of its originator and a species of involuntary and unconscious autobiography." (Nietzche) In other words, the innermost beliefs of human beings are revealed in their work and consequently, the philosophy of a hospital is indicative of the thinking of its founders and their successors.

This latter definition brought to mind early impressions formed in the course of discussions with administrators. Just like Mr. Jourdain who did the right thing without knowing it, each hospital administrator had her own philosophy, although sometimes unwritten, which had been developed through time by adopting the concept of the hospital as expressed by early leaders and adapting it to current situations. An individual's concept of the hospital was derived from her general philosophy of life which, by definition, "is the science of all things, studied in relation to their supreme cause in the light of reason."

There is a close relationship between our general philosophy of life and our philosophy of administration and education. Our answers to the basic questions of life concerning the origin of man, his destiny, his final end, his relationship to the Supreme Being and to the world has immediate significance as far as the importance that will be attached to such matters as the educational program, nursing service techniques, administrative procedures. Inevitably, administrative decisions will reflect the underlying thoughts of management concerning man and his destiny, his place in the group and his obligations toward it.

The importance of defining the philosophy and objectives of a hospital clearly is evident. In so doing, the emphasis must be on principles of administration and learning in particular rather than on general principles of philosophy.

An analysis of the varying philosophies to be encountered in our hospitals reveals two widely varying approaches that one author has distinguished as technical and social. A detailed study is impossible but a few observations of a practical nature afford a comparison of the different scale of values accepted by these two patterns of administration.

Devotees of technical philosophy claim that committee meetings simply result in

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Mother Maillé is Provincial Superior of the Hospitallers of St. Joseph and President of the Catholic Hospital Association of Quebec. She gave this address at the 1963 Canadian Conference of Catholic Schools of Nursing held in Montreal.

"more words and less work;" those on the side of social philosophy believe that employees should participate in decision-making and problem-solving through committee work.

Technical philosophy asserts that the administrator's responsibility is to see that orders are carried out and discipline enforced; that he is entitled to expect prompt acceptance and execution of his orders. Social philosophy maintains that personnel should have the opportunity to experience the satisfaction of personal, intelligent, creative work while accomplishing assigned duties.

Technical philosophy decrees that the main requirement for personnel is the ability to adapt to good administrative principles; social philosophy stresses the need to meet individual needs and ensure personal satisfactions.

We could continue in this vein but the foregoing would appear adequate to define the positions of the two schools of thought and to emphasize the fact that inevitably all administrators belong to one or other of them. An American psychologist* has devised a test that he calls an inventory of administrative climate. Its purpose is to determine definite trends toward one or other of these systems which are better known to us as democracy and autocracy.

Whatever may be the philosophic tendency of the hospital, one fact has been definitely established. Philosophy and objectives must be formulated and all personnel should be familiar with them so that administrative philosophy may be brought into line with that of the various other services, in particular nursing service. The end result has particular significance since it has a bearing on the quality of care given to the patients, for whom we are responsible.

Although we have not spoken of the patient specifically, we are constantly mindful of him. If the hospital exists to serve the patient, our philosophy must take this into account. If our philosophy is good, if there is correlation at the different levels, the hospital climate will be highly beneficial to the patients who will profit from high quality care carried out by a satisfied and stable staff.

Nursing Service

Analysis of the administrative system of a hospital ultimately affects the department of nursing as well. If this department is already organized, there will at least be some re-evaluation or this may be the starting point for an entirely new type of organization if the nursing department is presently combined with another hospital division.

The organization of nursing service is designed to assure patients of the best possible nursing care through the selection and development of personnel to fit into the hospital team. The necessity to define philosophy and objectives is basic to the organization of nursing service. In particular, the objective of *giving the best possible care to the sick* requires precise detailing. The following questions are for directors of nursing: What is your concept of nursing service? What, in your view, is its position on the organizational chart of the hospital? Do you acknowledge that, important as it is, nursing service forms only part of what the hospital stands for? What are your lines of authority? What does good nursing care mean to the personnel responsible to you? Is it simply carrying out medical orders within an allotted time or does it also include observation of the patient in relation to vital signs, his adjustment to his illness — a comparatively major process — and to his environment? As you see it, does the *best possible care* consist of helping each patient, according to his personal needs, to understand and adjust to his illness in anticipation of his eventual restoration to normal living? Naturally, our wish is to organize nursing service so that each patient will receive the complete care that is his right.

An important factor remains to be considered. Your philosophy — the ultimate "why" of your service — should be the concern and aim of the entire nursing team from the director of nursing down to the nursing auxiliary. All must be imbued with the same fundamental principles governing the activities of nursing service. As a director of nursing, you should remember the following:

* *Hospital Administration*, Fall 1962, p. 24.

1. The hospital exists for the patient.

2. Nursing service is organized to ensure the best possible care for the patients.

3. The patient must be considered as an entity with physical, spiritual, psychological qualities.

4. The nursing team exists for the good of the human being, not just his illness.

5. Complete care must encompass physical, psychological and spiritual aspects.

6. Each member has personal responsibilities and must share those of the team as well.

7. New techniques are accepted or refused on the basis of the patient's welfare and not the convenience of the nursing team.

8. Each team member must be willing to accept prescribed discipline.

9. A spirit of cooperation is essential to the well-being, comfort and security of the patient.

10. Love and skill must characterize each activity of each member of the team.

11. All nursing service personnel should aim to promote good interdepartmental relationships.

12. Nursing service personnel have it within their means to exert profound influence in the field of health education. Before all, the human factor in patients entrusted to their care must be considered. The educational value of nursing service hinges on the force of appeal of the personnel director and, in the second place, on the degree of human understanding of each nurse.

13. In nursing service, each team member, according to his ability, has responsibility for the educational program of the hospital either for members at different levels, or students, or the patients and their families. In addition, each nurse belonging to nursing service must endeavor to the best of her ability to set an example of faith, love and humanism as well as exhibit a high level of professional competence.

One of the characteristics of nursing service lies in its conflicting objectives: immediate care for the patients and an obligation to ensure progressive education for hospital personnel in order to produce the *best possible* care for the patients. Consequently, at times we are confronted with demands related to patients' needs as well as nurses' needs. To achieve a balance between the two calls for a definite philosophy and carefully formulated objectives presented in a nursing service manual, readily accessible to all and a constant source of inspiration.

Since nursing in the hospital is the science and art of caring for the human being, as a whole, whether it be performed by the nurse at the administrative or supervisory level, by the nurse educator or at a level directly centred on the patient, each one as a member of nursing service must be able to find her place in this complex milieu.

The department of nursing service is responsible for the integration of new members into its ranks. This can be done through a program of initiation and orientation that begins when the new member arrives and carries on as she is progressively entrusted with new responsibilities.

Another obligation of nursing service is to achieve firm understanding with the school of nursing concerning the aims and objectives of practical experience for students. The student must be able to benefit from the skill and all the other qualities that nursing service has to offer so that, upon graduation, she is prepared to take her place on the team. We may, with profit, review the three main responsibilities of the registered nurse as defined in the International Code of Ethics: to save life, relieve suffering, promote health. It is also during the students' period of experience in the various nursing services that graduate nurses have the opportunity to pass along their professional enthusiasm.

When the philosophy and objectives of administration and nursing service are well-defined and on an equal footing, all personnel, medical and nursing, should accept and observe them.** Even when the personnel share a general ideal, the practical applications of philosophical principles must be reviewed periodically. A constantly changing world makes self-evaluation of the hospital team in relation to fundamental principles and professional duties a necessity. As one author has noted, we need to detach ourselves from the daily rush of life with its

** In addition we must now coordinate hospital insurance and governmental services in order to get on with our work.

tendency to devaluate beliefs and corrode natural generosity so that we can view afresh the great truths of life which we acknowledge but so often forget.

Responsibility lies with the leaders to stimulate the entire team towards self-improvement in the interests of the patient's welfare. If, in the fulfillment of an improvement program, obstacles are encountered, and doors close, then a knowledge of how to go about mapping new routes will be necessary. The ability to foresee and a sense of organization are intrinsic obligations in nursing service and administration.

THE TRAGEDY OF NURSING EDUCATION

ROBIN F. BADGLEY, PH.D.

This article was adapted from an address given to the Saskatchewan Registered Nurses' Association, Saskatoon Chapter, in January, 1963.

Like all great professions, nursing is rich in its tradition of outstanding leaders and noble humanitarian ideals. These ideals and the careers of beloved nurses who have become heroines to the profession and to the public have provided the magnetism that has drawn many girls to seek nursing as a career, and have acted as the foundation of nursing itself. In addition to being guided by example and ethics, nursing has always been imbued with a lively conscience for self-evaluation. The results of many studies conducted at the request of nursing organizations have, at various times, charted the *status quo* and outlined possible alternatives in the organization of nursing.

An anomaly occurs in nursing education where, despite the fact that there have been many studies, few changes have taken place in the structure of schools of nursing. In May, 1962 the current president of the Canadian Nurses' Association, Miss E. A. Electa Maclennan wrote:

> It is perhaps not surprising that nursing education has not improved markedly for we have never seriously taken its improvement in hand. Our system of education — of semi-apprenticeship — is in much the same position as it was 60 years ago. It is good in patches but wholly inadequate, generally unprogressive and needing, if any real advance is to be made, hard thought, exact study and methodological treatment.[1]

Undoubtedly, research will always be needed but such evaluation does not preclude consideration or implementation of the recommendations of available studies. To an outside observer it is surprising "that nursing education has not improved markedly." Indeed, it is tragic that while "hard thought" and "exact study" have resulted in two Flexner-like reports of Canadian nursing education, nurses "have never seriously taken its improvement in hand."

The Oxford Universal Dictionary defines a tragedy as: "an unhappy or fatal event or series of events in real life; a dreadful calamity or disaster." The tragedy of nursing education in Canada has been that while information has been available about the status of nursing education, little or no action has been taken on the recommendations of two major studies carried out

Dr. Badgley, formerly acting Head and Associate Professor, Department of Social and Preventive Medicine, University of Saskatchewan, is now with the Milbank Memorial Fund, New York, N.Y.

under the auspices of the Canadian Nurses' Association.

Dr. G. M. Weir in his classic *Survey of Nursing Education in Canada,* published in 1932, recommended that schools of nursing that did not measure up to minimum standards concerning the size of the affiliated hospital, qualifications of teachers, adequate training in major clinical departments, and other factors should be dropped from the approval list.[2] In 1960, Dr. Helen Mussallem concluded that 84 per cent of the schools surveyed in Canada did not have "the over-all quality needed for the award of accreditation, had such a program been in existence."[3]

Three facets of nursing education will be examined: Recruitment; the setting of education; the type of education received.

RECRUITMENT OF STUDENT NURSES

Those in charge of programs to recruit student nurses seem to project a common theme. Typically, this theme stresses the high ideals of nursing; "the Lady with the Lamp;" the acute shortage of nurses; the care given at the patient's bedside. However, this image of the nurse, which is commonly accepted by the public and which is frequently propagated by nursing leaders, no longer accurately reflects the present education or work situation of the nurse.

Part of the image of nursing is that the nurse is chiefly responsible for the bedside care of patients. In a study, whose results are comparable to many others, it was found that 12 per cent of the work of the head nurse, 30 per cent of that of the staff nurse and 40 per cent of the nursing assistant's duties were concerned with patients.[4] Findings such as these highlight the changing nature of nursing. Less time is spent at the bedside of patients; more time is devoted to technical procedures and administrative ward work.

A second facet of the recruiter's theme may be that there is a shortage of nurses. In the United States the National League for Nursing recommends that the ratio of 300 to 350 nurses per 100,000 population be achieved by 1970. In Saskatchewan at the present time it is estimated that there are approximately *450 nurses per 100,000* population. With these facts it is legitimate to ask if there *is* a shortage of nurses in the province. If, numerically, there is a high ratio of nurses to the population and yet nurses insist that there is a shortage, then perhaps the organization of hospital facilities and the manner in which nurses are used need to be critically re-examined and re-structured. Since it is unlikely in the next decade that there will be any dramatic change in the ratio of nurses to the general population, re-examination and redefinition of the role of the nurse seem mandatory.

SETTING OF EDUCATION

At the present time there are 170 schools of nursing in Canada and 90 per cent of them have three-year diploma courses leading to registered nurse certification. Thirty-one per cent of the schools have an enrolment of 200 or more students; 34 per cent between 100 and 199; 35 per cent enrol less than 100 students.

Two questions are pertinent. First, does the size of a school of nursing make any difference in the performance and educational experience of student nurses? Second, what appears to be the optimal setting for the education of student nurses?

The experience of student nurses in the Centralized Teaching Program in Saskatchewan is reviewed since it is typical of the findings of other studies. The schools of nursing associated with this program were divided into three categories by size, using Dr. Mussallem's criteria. The findings indicate that large schools of nursing, in contrast to small schools, attract students who have performed better in grade 11 and grade 12; who hold higher results in the intelligence tests (A.C.E.); who consistently perform better in the Centralized Teaching Program examinations; who obtain higher results in the registered nurse examinations at the completion of their course.[5] These findings should be interpreted cautiously since many other variables are related to the performance of students in large and small schools. Analysis of

findings in Dr. Mussallem's report *Spotlight on Nursing Education* indicate that large as compared to small schools of nursing are characterized by: More hours of formal instruction; more adequate clinical facilities; more and better trained nursing instructors and personnel to guide students.[6]

The results of these two studies and other surveys indicate that there are structural "quality" differences according to the size of the school of nursing. Moreover, students' academic performance may be affected by the setting in which their education is received. Since 35 per cent of student nurses in Canada receive their preparation in small schools whose academic quality is assessed as being poorer than large schools these findings have serious implications.

What is the optimal setting in which student nurses should be educated? This question was cogently answered by Dr. Weir in 1932.

> Training schools... falling below the line in the number or quality of their courses or methods of instruction, should be given not more than six months to measure up to the minimum standard required, or, in default, be dropped from the approved list.[7]

"Falling below the line" referred to the size and the adequacy of the clinical setting, the hours of formal instruction, the qualifications of teachers, and others. The neglect to consider these recommendations contributed to Dr. Mussallem's finding that 84 per cent of the schools of nursing that she surveyed could not be accredited were such a program in effect in Canada. Many factors help to explain the present situation. While these reasons may be valid, they are tolerated at the peril of allowing programs of dubious quality to be maintained.

TYPE OF EDUCATION RECEIVED

When the educational programs of nursing schools are analyzed, numerous problems become apparent. For example, in Miss Lola Wilson's *The Cost Study of Basic Nursing Education Programs in Saskatchewan*[8 9] it was found that the educational preparation of the student nurse took only 14 months. In the remaining 22 months in the three-year program, students rendered service to their respective hospitals. These students, through their service activities, defrayed an average of 85 per cent of the gross cost of their education and maintenance. At graduation they were doing over half (55 per cent) of the work performed by registered nurses and 45 per cent of their work dealt with tasks that could have been done by auxiliary workers.[10] Subsequently, 24 per cent of the students either failed or did not try to write their registered nurse examinations.

Some of the questions provoked by the above information are:

> How long does it take to prepare a student nurse to become a registered nurse? What is the distinction between education and service? What type of education should nurses receive? How should the cost of nursing education be defrayed? What type of work should nurses perform in hospital and in other settings?

Studies dealing with many of these questions are available.

DISCUSSION

In this article some of the difficulties that face nursing educators have been outlined. The issues raised concerned recruitment, the setting for education and the type of education that student nurses receive. In each instance information is available upon which administrative decisions could be made.

Why has the nursing profession not provided solutions for these problems in nursing education? In 1932 Dr. Weir noted some of the factors which may account for the lethargy to implement what was desired in nursing education.

> These obstacles indeed are legion and of varied and complex character. They appear in the guise of honest, if uninformed opposition; of internal inertia and external prejudice; of traditional attitudes of the reactionary and the stubbornness of the obstructionist; of the wiles of the opportunist; of the attacks of the well-meaning, if perhaps misinformed dogmatist and others who believe that nurses are "getting out of control" and that they must not be permitted to "allow their ambition to destroy their identity."[11]

Another factor which may help to

inhibit change is that nursing as a profession is not solely responsible for its own destiny. Forces outside nursing that help to maintain the *status quo* are: Dependence upon the medical profession and their image of what is desirable in nursing; the fact that nursing schools are established and "going concerns" and to change accepted patterns is difficult; the pressure of maintaining low operating costs; the need to provide service; the fact that most of the education of nurses occurs in hospitals which are primarily oriented to service not to education.

In recent decades nursing has not been characterized by strong leadership with the charismatic stature of some of the Canadian "mothers of nursing" such as Jeanne Mance, Mary Agnes Snively, Nora G. E. Livingston, Marion Lindeburgh and E. Kathleen Russell. There appear to be too few nursing leaders in Canada with the requisite educational background and necessary missionary zeal to prepare and to advance eloquently the case for change in nursing education. As the major association for nurses in Canada, and in view of Dr. Weir's and Dr. Mussallem's indictments, the challenge not only of setting standards in nursing education but also of enforcing them cannot be by-passed by the Canadian Nurses' Association. Were the results of an accreditation program known (like the accreditation program of the Canadian Council on Hospital Accreditation), then, one suspects, dramatic changes would quickly take place in the structure of many nursing schools.

Unless some of the questions raised here are answered courageously by effecting changes in the structure of nursing education, not only will the present inequalities in education be perpetuated but, in the future, nursing as a profession may well not be able to meet the changing demands which doctors, hospitals, patients, and communities will impose upon it.

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6. H. K. Mussallem, *op. cit.*

7. G. M. Weir, *op. cit.*, p. 300.

8. L. Wilson, *The Story of the First Three Years*, Regina, Saskatchewan Registered Nurses' Association, 1957.

9. L. Wilson, *The Cost Study of Basic Nursing Education Programs in Saskatchewan*, Regina, Saskatchewan Registered Nurses' Association, 1958.

10. R. F. Badgley, "The Cost and Scope of Ward Activities of Student Nurses," *Canadian Hospital*, 38: 46-47, September, 1961.

11. G. M. Weir, *op. cit.*, pp. 22-23.

Only 8 of 100 visits to physicians are for general health checkups. Largest number of visits for health examinations is among children four years of age and younger, and among persons 65 years of age and older. Periodic health examinations are being advised by physicians and sought by patients with greater frequency, particularly if the patient is 40-50 years of age or older.

Patterns of Disease

A fellowship, in the amount of $3,000, is to be awarded annually by the Registered Nurses' Association of Ontario for graduate study at a master's or doctoral level.

Available to any nurse in Ontario who is a member of the Association and who has demonstrated a mature contribution to the profession, the fellowship will help to prepare nurses in the areas of nursing education, administration, and research in nursing.

OUR DILEMMA
Has More Than Two Horns

HAZEL B. KEELER

I was thinking the other day about the blind men of Industan who went to see the elephant. One touched the creature's ear and said, "This elephant is very like a fan." Another got hold of the leg and said, " 'Tis clear enough the elephant is very like a tree." A third felt the tusk and cried, "To me 'tis mighty clear this wonder of an elephant is very like a spear." Each blind man came away with a particular notion of what the elephant was like. Each was partly in the right and all were in the wrong.

Nursing today is somewhat like the elephant! Different people have different notions about what nurses are like. The doctor sees the nurse as an extension of his arms; the hospital administrator sees the nurse as an animated dollar sign; the patient sees the nurse as an earthly angel, and the nurse sees herself as a harassed bedside nurse. There doesn't seem to be any agreement as to what nursing is or what nurses should do. This is very confusing to all concerned, particularly to nurses. It is especially confusing to those who are in charge of schools of nursing. I am thinking of directors of hospital schools particularly, for in their position they are responsible for the nursing care of all the patients in their hospitals. They must try with their nurses to meet the expectations of *all* the patients, *and* the doctors, *and* the hospital administrators; and at the same time they are trying to operate a professional school of nursing. No wonder directors of nursing are hard to find!

The director of a hospital school of nursing has to run two shows at the same time, and for this reason: the hospital's first responsibility is to the patients, it can not be otherwise; the school's first responsibility is to its students; that cannot be otherwise either. Now, to harmonize these two major responsibilities within one budget and within one director is well nigh impossible — one of these responsibilties has to suffer and you don't have to guess which one! It is the school of nursing because patients cannot be neglected. Of course no one would protest this in an emergency, least of all the school. But when the emergencies become the routine, that is a different matter. If the school cannot do a good job of preparing nurses it is the patient who really suffers in the long run.

A survey was conducted by the Canadian Nurses' Association to see if our hospital schools were meeting the acceptable standards used for rating schools of nursing. The results, which were made public in June 1960, showed that 84 per cent of the schools in Canada were not meeting these standards! This is not only disturbing, it is shocking. If this situation were found in any other type of school there would be great public alarm.

So, if we add together the confusion about what nursing is and what nurses should do and the disturbing news that so many schools of nursing are not meeting present standards of instruction, we have a problem on our hands, that, to say the least, is chal-

Miss Keeler is director of the school of nursing, University of Saskatchewan, Saskatoon, Sask.

lenging and one certainly that is of concern to everyone.

What has brought about this sorry state of affairs? It would be easy if we could point the finger and say the blame lies with the nurses themselves or with the nurse-teachers or with the hospitals. That, of course, would be foolish. The reasons lie much deeper in the many social forces that have been at work for some time that are now shaping and changing nursing. What are these social forces?

The most dominant of these forces is the practice of medicine that has been almost completely revolutionized in the past twenty-five years. Improved methods of diagnosis and treatment, the development of new types of surgical operations, the use of the so-called miracle drugs have all brought about the successful control of many diseases and conditions which, a generation ago, were considered incurable. This has led, inevitably, to the specialization of our medical colleagues and in turn to the specialization of nurses. As the doctor is more specialized, he naturally expects the nurse to be prepared to help him with the more complicated treatments and procedures hitherto considered to be strictly within the realm of medical practice. An example of such a procedure is the giving of fluid into the vein by injection.

As the nurse is required to accept more and more of the technical aspects of patient care she becomes very hard pressed to find enough time for the ministrations, the comfort measures and the tender loving bedside care that tradition, her conscience and her own desire hold up to her as her unique right and responsibility.

Another potent force changing the face of nursing is the expansion of hospital facilities over the past decade, particularly with the introduction of the national health insurance program. Hospitals are operating at capacity or over and the demand for the services of nurses is greater than can be comfortably met by the profession.

A shortage of nurses is not anything new. It has been creeping up on us for many years — more occupied hospital beds and the 40-hour week are two of many reasons for this. In an attempt to relieve this shortage another group of workers has been added to the nursing personnel in the hospitals — the nursing assistant or practical nurse. The nursing assistant receives preparation for bedside nursing though it is not required that she have even high school education. It is important to realize that the key to the safe use of the nursing assistant lies in her working under the supervision of the professional nurse. By *safe* I mean safe for the patient.

As a result of the increasing employment of these nursing assistants in hospitals, the registered professional nurse finds herself gradually being forced away from her traditional place at the bedside to occupy a new role of leadership. This new role involves responsibility for the work of the nursing assistant, the orderly, and the nurses' aide, planning work assignments, delegating duties, making important decisions as to who should do what, supervising what is being done and often teaching "how to do." Because the professional nurse is gradually moving away from bedside nursing into a supervisory role and is being replaced by the nursing assistant, difficulties have developed for the nurse who sees herself as a bedside nurse, and who is only prepared to do that kind of work. Often, doctors and patients as well as the nurses themselves deplore, sometimes in no uncertain terms, this shift away from the bedside. Recriminations frequently are flung back and forth without any understanding of the real problems.

While all these changes have been taking place in the profession, nursing education has been almost standing still. The typical preparation provided by our hospital schools has changed relatively little over the past thirty years.

Another thing that has not changed is the extent to which students in our hospital schools of nursing pay for their training by the services they render to patients and to the hospital. The costs to hospitals of operating schools of nursing are met to a considerable degree through their dependence on the services provided by the students. This sounds like a very reasonable

system and it was reasonable until about fifteen or twenty years ago. The trouble is that it is not reasonable now.

My sympathies are with the hospitals as they do their best to provide complicated modern care to patients. My sympathies are with the schools operated by these hospitals as they try to turn the raw young high school graduate into the modern professional nurse. There is a tremendous amount of work involved both in running a hospital and in teaching students. This puts the hospital and the school of nursing into a kind of tug of war with the students playing the part of the rope. Both sides must have the students — one because the hospital work of all kinds must be done and the other because the students must be taught. Tradition is good — we can only build on the past in any endeavor but tradition sometimes retains a strangle hold making it impossible to change with the changing times. The education of our nurses is lagging as a consequence of this double pull.

Nursing has come to a fork in the road and no matter which way one turns the going looks rough. One branch leads to the continued use of our present curriculum pattern and methods to prepare bedside nurses. Surely it is not economical or reasonable to have two sets of bedside nurses — the nursing assistant and the professional nurse. They are already in competition with one another.

If we take the other road we would change our present curriculum and prepare the supervisory type of nurse — a nurse who not only would be a good bedside nurse herself but who also would be a kind of junior supervisor, able to assume responsibility for a group of patients, plan for their care and give direction to nursing assistants and others who would work under her supervision. To prepare this type of nurse would mean a radical change in both aims and methods. The problem of financing such a training immediately rears its head. Hospitals would need to provide and pay for the work that could no longer be given by the students and some method of financing this new kind of educational program would have to be found.

As a nurse who has had responsibility for nursing education for a long time, I have some suggestions. First, schools of nursing should be disentangled from hospital budgets and be developed as independent schools with their own budgets, with freedom to plan the curriculum, select their methods and develop the students into the kind of professional nurses required to give the best possible patient care. Schools of nursing must be associated with hospitals but the latter should be selected and their facilities made available and utilized in the same way that facilities are made available to medical students. Other professions, such as teaching, follow a similar principle in selecting classrooms for practice. Sustained, intimate and personal experience with patients, their treatment and care is essential for good nursing education, but these experiences must be selected, controlled and carefully supervised by well-prepared nursing instructors.

Sixty-four per cent of the schools of nursing in Canada are small and consideration should be given to pooling their resources and developing central schools of nursing. Every effort should be made, by means of recruitment and bursaries, to increase the enrolment in university programs of well-qualified high school graduates working toward the degree in nursing. The graduates of these programs have a broad, general educational background in addition to the professional training. This is so essential for the nurse-teacher and for nurses in the higher levels of responsibility in hospital nursing service. It is understandably important that many members of the nursing profession share a comparable university education with other professions working in the hospital field.

Another essential in nursing, as in other fields, is that research should be recognized as one of our professional responsibilities. Very little nursing research has ever been done — like Topsy we have just growed. But today we no longer can afford to continue with any outdated methods.

The only justification for the existence of any profession in our society lies in the service that particular profession renders to society. The nursing

profession exists for one purpose — to serve the patient as an individual and to do its part in promoting and maintaining health. The obligation of society is simply to make it possible for us to render this service.

THE NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

Scholarships

At the recent annual meeting of the NBARN, the general membership approved the establishment of two scholarships, of one thousand dollars each, to be awarded to persons studying towards the baccalaureate degree. These will be awarded *annually* to selected applicants who are:

1. Nurses registered in New Brunswick and planning to work towards a baccalaureate degree in nursing.
2. Students from the province of New Brunswick at the sophomore level or beyond in a basic program leading to a baccalaureate degree at a New Brunswick university or other approved university in the case of French-speaking students.

To pay tribute to the memory of the several past executive secretaries of the NBARN, one scholarship has been named "the Muriel Archibald Scholarship." The other is as "The New Brunswick Association of Registered Nurses Scholarship."

Persons meeting the above requirements who are interested, are asked to write to the New Brunswick Association of Registered Nurses, 231 Saunders Street, Fredericton, N.B., for application forms.

In the Good Old Days

(*The Canadian Nurse* — AUGUST 1923)

The United States has been crossed in the air without a stop. Two men, in a Fokker monoplane, flew from the aerodrome on Long Island to San Diego, California, 2,650 miles, in 26 hours, 49 minutes. They passed over the Rocky Mountains at a point 11,000 feet high.

* * *

About 260 Ontario physicians have applied for admission to the insulin clinic at the Toronto General Hospital. They will be given, in groups of twenty, two days of observation and instructions. These local practioners will be able to administer insulin outside the hospital.

* * *

A course in public health nursing will be established at Dalhousie University, Halifax, in cooperation with the Provincial Department of Health, the Nova Scotia Red Cross, the V.O.N., and the Massachusetts-Halifax Health Commission.

In looking over the various announcements of University courses, one cannot help but be struck with the apparent lack of interest in the special training of those intending to take up the executive or teaching departments of our training schools.

Comparing those universities giving courses in public health nursing with the one where the institutional nurse can get special training, one feels, as Miss Russell, of the University of Toronto does, when she laments this lack in Ontario. Unfortunately, Ontario is not the only province lacking this, for McGill, in Quebec, is alone in providing for them. It may not be wise to urge that each university provide such a course, but what we all must see is that universities only provide courses in any subject when the demand is made. Apparently no one sees the need sufficiently to urge hospitals to insist that some special postgraduate training be required.

IN A CAPSULE

NURSE OR WAITRESS?

Gadfly, writing in her column "Jottings," in *Nursing Times*, points out that nurses do not seem to be too interested in money. She illustrates her point by referring to an article printed in a British newspaper, headed "£1,200 Job Rejected by Nurses" wherein a Canadian recruiting officer is puzzled because he received only one application for a nursing post in Canada. *Gadfly* continues:

> However, the clue may lie with the Leeds sister who had just returned from a year's nursing in Canada. She said that in Canada all the responsibility for patients was in the doctor's hands and the position of the nurse was almost that of an "hotel waitress." — *Nursing Times*, 59: 626, May 17, 1963.

A GOOD NIGHT'S SLEEP

How much is enough ? runs a query in the *Journal of the American Medical Association* and the answer, disappointingly, is nonspecific. The ability to wake up spontaneously at the usual getting-up time, as well as freedom from drowsiness in the afternoon, is the best index as to whether any given individual has had a "good night's sleep."

There is a possible clue to minimum and maximum ranges, however, in the results of motor and mental tests evaluated against the duration of the previous night's slumber. Performance improved sharply in relation to the duration of the sleep the night before when the latter ranged from one to six hours; the rate of improvement was much smaller when the sleep range was from six to eight hours; and there was no further improvement in performance as the length of sleep was progressively extended to 10 hours. — A "good" night's sleep (Questions and Answers), *J.A.M.A.*, 183:982, March 16, 1963, as abstracted in *A.J.N.*, June 1963.

SURGERY FOR HODGKIN'S DISEASE

Five patients with Hodgkin's disease were treated by thymectomy in addition to radiotherapy, and all were alive over six years after operation, though two have developed recurrent manifestation of Hodgkin's disease, and one, myeloid leukemia. In two of the five, Hogdkin's tissue was found in the removed thymus. Neither has developed further disease in the thymic area or thorax.

Surgery may be a useful treatment for limited local manifestations of Hodgkin's disease that have persisted or recurred after radiotherapy, and for localized deposits in the thymus. — Patey, D. H. *Brit. J. Surg.*, 50:389, 1963, as abstracted in *C.M.A.J.*, 88: 10, May 25, 1963.

THE CHILD IN HOSPITAL

A young child tends to feel that illness is the consequence of his misdeeds. Remarks made by parents and professional personnel help to intensify his guilt feelings: "Your tonsils are bad." "You have a bad cold." When hospitalization is added to the illness experience, he may see it as punishment, rejection, even jail. He comes expecting additional punishment. Even terminology used confirms his fears: The doctor has to give him a "shot," the nurse "takes" his temperature. He is confused about what is expected of him, fearful of not being able to be good and afraid of being hurt.

The busy admission routine often causes behavior changes. Many a happy child regresses to an infantile state because he is unable to cope with so many experiences in such a short time.

Play is an important part of the child's therapy in the strange hospital environment. In a more normal situation, away from the ward, he can act out his fears and relieve his many tensions. — Erickson, F. Viewpoints on Children in Hospitals. *Hospitals*, 37: 47, May 16, 1963.

described as an artist's dream and a photographer's heaven. The hills and mountains, the valleys and lakes, the forests and glens, all blend into a panoramic beauty that is beyond description. The nurses of Newfoundland are getting ready to welcome you to all this.

START MAKING PLANS NOW FOR JUNE 1964.

In Memoriam

Grace Eleanor Andersen (Calgary Gen. Hosp. '61) died suddenly during 1962. She was a former staff member of Grande Prairie Municipal Hospital, Alta.

* * *

The Alumnae Association of the Hotel Dieu Hospital, Windsor pays tribute to the memory of **Mary (Murray) Battersby** '26 and **Theresa (Parent) Diemer** '51.

* * *

Tina Braun (Freemason's Hospital, Morden, Man. '26) died in Winnipeg on March 27, 1963.

* * *

Elizabeth H. (Harris) Coubrough (Montreal General Hospital '03) died on March 30, 1963, in her 91st year.

* * *

Frances Mary Dean (Connaught Training School, Weston '18) died in March 1963.

* * *

The Alumnae Association of Vancouver General Hospital pays tribute to the memory of the following graduates: **Violet (Richardson) Frost** '30, chief of the Dept. of Anesthesia, Jean Talon Hospital, Monreal; **Caroline Edna Guillod** '13, former matron of Maple Creek Union Hospital, Sask.; **Marjorie (Carpenter) Montgomery** '23, **Jean (Mutrie) Stevens** '20, **Josephine Walsh** '13 and **Maude (McLennan) Ward** '17.

* * *

Orlo (MacInnes) George (Ottawa Civic Hospital) died suddenly in Montreal on January 7, 1963. She was a member of the nursing staff of the Montreal Children's Hospital for many years, most recently as supervisor of the outpatient department.

* * *

The Nurses' Alumnae of Kingston General Hospital records the loss of the following graduates: **Joan (Jemmett) Lambert** '43 and **Lillian (Auld) Robertson** '33.

Katherine M. MacFarlane (Victoria Public Hospital, Fredericton '37) died on April 25, 1963. She engaged in private nursing for many years before joining the staff of VPH where she served as a general duty nurse, head nurse and instructor.

* * *

Anna Mair (P.E.I. Hospital, Charlottetown '23) died on April 10, 1963. She was a former superintendent of her hospital, a past president of the Association of Nurses of P.E.I., and an honorary member of the ANPEI and the CNA.

* * *

Margaret Jane (Horston) Mather (Cameron Hospital, West Hartlepool, England '08) died in Edmonton on January 7, 1963. She joined the AARN in 1949 and engaged in general duty in Luscar, Alta. and the Edmonton General Hospital.

* * *

Margaret (Hannah) Nevin (Royal Victoria Hospital, Montreal '98) died on March 24, 1963. As the oldest living graduate of the hospital, Mrs. Nevin had been in her 102nd year. During her professional career, she engaged in private nursing in the United States for 24 years.

* * *

Annie (Shewchook) Pesklivets (Brandon General Hospital, Man. '35) died during 1962. She was engaged in nursing in Athabasca, Alta. at the time of her death.

* * *

Laura Robinson (Toronto General Hospital '15) died in March 1963. She served overseas during World War I and, following her return, joined the staff of Christie Street Hospital, Toronto, where she nursed for some time before going to the United States. Since her return to Canada, she had engaged in a busy program of volunteer work. The Intensive Care Unit of Peel Memorial Hospital, Brampton is to be dedicated in her memory.

(Continued on page 755)

Nursing Profiles

A sunny May day, blue sky, stately elms bordering the smooth green of the campus, faculty members impressive in academic robes, band music, row upon row of new graduates in mortar boards, gowns and hoods — all the excitement of a Convocation day. Within this setting **Rae McIntyre Chittick** was presented by Dean Lloyd Stevenson of the Faculty of Medicine, McGill University for the distinction of emeritus professor. It was a tribute to her accomplishments as a faculty member and, more specifically, as director of the McGill School for Graduate Nurses but it recognized also her achievements as a distinguished Canadian woman, teacher and nurse.

RAE CHITTICK

Miss Chittick's retirement from the University became effective this month but it did not mean an end to an active career in nursing and teaching. Later this month, as a consultant under the auspices of the World Health Organization, she will join the University of Ghana, Accra to assist in the development of a postbasic program for nurses. She first joined the McGill faculty in 1953 as associate professor and director of the School for Graduate Nurses. With the granting of a chair of nursing in 1958, Miss Chittick received the rank of full professor — the first Flora Madeleine Shaw Professor in Nursing. Under her guidance in the intervening years, an undergraduate program in nursing was established and this year she had the added satisfaction of witnessing the first graduation of candidates for the Master's degree in nursing — Master of Science (Applied).

For her colleagues and students, the pleasure and pride in seeing their director singled out for special recognition was tinged with the sadness that a break in association naturally brings. They will join Canadian nurses generally, however, in extending warm good wishes for Miss Chittick's future happiness and success in a project to which she can contribute richly as nurse and teacher.

(Studio Neri, Geneva)

LYLE CREELMAN

Lyle Morrison Creelman, international health expert and director of the nursing service division, WHO, was awarded the honorary degree of Doctor of Laws by the University of New Brunswick at its recent convocation exercises. Nova Scotian by birth, Miss Creelman is a graduate of Vancouver General Hospital and of the University of British Columbia. She obtained a Master of Arts from Columbia University, specializing in administration in public health nursing and returned to Vancouver to become director of public health nursing

service with the Metropolitan Health Committee. This was succeeded by her appointment as chief nurse with UNRRA in the British zone of occupation in Germany following World War II.

During 1947-48, she collaborated in a study of public health practice in Canada and in the following year went to Geneva, beginning her career with WHO as a nursing consultant, rising to the position of chief of the nursing division in 1954.

Miss Creelman is, undoubtedly, one of the most travelled of Canadian nurses and certainly one of, possibly *the* most knowledgeable, in relation to nursing at the international level. Canadian nurses have taken considerable pride in the leadership that she has given and will share in the pleasure of seeing one of their number honored for outstanding achievement. It was a happy thought for the UNB School of Nursing to choose to recognize a member of the profession on the occasion of the presentation of its first graduating class. Twelve students were awarded the degree of Bachelor of Nursing, having successfully completed requirements of the four-year program.

BERNARDINE STRIEGEL *and* LYDA HOWARD

Of interest to Canadian nursing circles, and in particular those in occupational health, is the appointment of **Lyda Howard** as nursing consultant, Metropolitan Life Insurance Company, New York. Until her recent appointment, she was head visiting nurse of the Home Office Visiting Nurse Service and nursing counsellor of Metropolitan's medical department.

Miss Howard is a graduate of New York Hospital School of Nursing and of Barnard College, Columbia University, where she obtained a bachelor of arts degree with a major in sociology. She continued her studies at Columbia University and completed requirements for her M.A., specializing in supervision in public health nursing. In her present position she succeeds **Bernardine Striegel** who recently retired after 25 years of service with the Company.

Miss Striegel is well known to Canadian nurses in occupational health since, through the courtesy of M.L.I.C., her services were extended to this group and she gave its members much support. Many others will remember her from the various Biennial conventions that she attended so faithfully. Occupational health nurses in Canada look forward to the same warm association with her successor.

IRENE BUCHAN

With the project for the evaluation of nursing services entering a phase of intensive activity, a new staff member has been added to National Office ranks to assist the busy director of the project.

Irene Buchan who completed requirements for her Bachelor of Nursing from McGill University earlier this year has taken up her new duties with the Project. A graduate of Galt School of Nursing, Lethbridge, Alta., Miss Buchan studied teaching and supervision at the University of Alberta and obtained a diploma in 1954. Her past experience has included positions of responsibility in a number of institutions. At various times she served as matron of Municipal Hospital, Oyen, Alta.; medical supervisor and associate director of nursing service, General Hospital, Medicine Hat; clinical instructor in medicine, Holy Cross Hospital, Calgary and as a general duty nurse in a plastic surgery unit in England.

Miss Buchan is recognized as an excellent organizer of studies and, in addition, has a keen interest in statistical surveys. These qualities plus the ability to view results objectively are excellent attributes for the tasks presently confronting her.

Nurses of Canada

HELP!

In this issue is a questionnaire that when completed will give us information urgently needed on which to base trends and predictions on nursing in Canada. Only YOU can give us this information, so won't you take a few minutes out of your busy schedule to complete these forms?

There has been no systematic collection of data on nurses in Canada such as we are asking for here. We do, of course, know the number of registered nurses in Canada, but we don't know what you are doing, whether you are employed full time or part time, your salaries, etc.

When compiled this information will be available to all nurses, provincial associations and allied health groups. Please help us with this important task.

Your National Association

CANADIAN NURSES' ASSOCIATION

74 Stanley Avenue, Ottawa 2, Ontario

SURVEY OF REGISTERED NURSES 1963

All information given will be treated as strictly confidential

NAME IN FULL: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname Given Name

(Legal name as appears on birth certificate or official document designating change of name. Please underline given name most commonly used)

MAIDEN NAME: ☐☐☐☐☐☐☐☐☐☐☐☐

RELIGIOUS NAME (Sisters only): ☐☐☐☐☐☐☐☐☐☐☐☐

Permanent Address: ..... Prov.: .....

Present Address: As above ..... or: ..... Prov.: .....

In sections 1 to 7 please check ☐ boxes where applicable.

1. PERSONAL DATA.

a) Marital status:
- Single ☐ 1
- Married ☐ 2
- Widowed ☐ 3
- Divorced ☐ 4
- Other ☐ 5

b) Sex:
- Female ☐ 1
- Male ☐ 2

c) Date of birth: Year ☐ 1

d) Place of birth:

If Canada, specify

Province .....

If elsewhere, specify

Country .....

2. PRE-NURSING EDUCATION.

a) What educational qualifications did you have before entering the School of Nursing? Check one
- Grade X ☐ 1
- Grade XI ☐ 2
- Grade XII ☐ 3
- Grade XIII ☐ 4

If other, specify .....

b) Did you have a university degree before entering the School of Nursing?
- Yes ☐ 1
- No ☐ 2

c) State country in which you received the major part of your pre-nursing education

.....

3. BASIC NURSING EDUCATION.

a) Are you a graduate of:

Hospital School of Nursing ☐ 1

University School of Nursing ☐ 2

If other, specify .....

.....

b) Year course began: .....

Year course completed: .....

c) Location of School of Nursing:

City: .....

Province: .....

Country: .....

4. POST-BASIC NURSING EDUCATION.

Do you have:

a) University diploma: Yes: one year course ☐ 1

Yes: two year course ☐ 2

No ☐ 3

If yes, state major field of study:

Public Health ☐ 1

Nursing Service ☐ 2

Nursing Education ☐ 3

If other, specify .....

b) Bachelor's Degree: Yes ☐ 1

No ☐ 2

If yes, state major field of study:

Public Health ☐ 1

Nursing Service ☐ 2

Nursing Education ☐ 3

If other, specify .....

c) Master's Degree: Yes ☐ 1

No ☐ 2

If yes, state major field of study:

Public Health ☐ 1

Nursing Service ☐ 2

Nursing Education ☐ 3

If other, specify .....

d) Doctoral Degree: Yes ☐ 1

No ☐ 2

If yes, state major field of study:

Nursing Education ☐ 1

If other, specify .....

5. REGISTRATION.

a) Are you or have you ever been a registered nurse?

Yes ☐ 1

No ☐ 2

If yes, type of present registration is:

Active ☐ 1

Associate ☐ 2

Inactive ☐ 3

If other, specify .....

b) Where did you obtain your original Registration/Licence?

If Canada, specify province .....

If elsewhere, specify country .....

Year of first registration .....

c) Where are you currently registered/licensed?

Province ..... Number .....

6. EMPLOYMENT AS A NURSE IN 1962.

a) Were you employed as a nurse during the year 1962?

Yes ☐ 1

No ☐ 2

If yes, complete b) to g). If no, go to section 7.

b) State location of employment as a nurse:

Province .....

c) Did you work in any other province/state during 1962?

Yes ☐ 1

No ☐ 2

If yes, specify .....

d) Indicate the field of employment in which you worked longest in 1962:

Hospital Nursing:

Federal ☐ 1

Provincial ☐ 2

Municipal ☐ 3

Private ☐ 4

If other, specify .....

If Hospital, was it: General ☐ 5

Psychiatric ☐ 6

Tuberculosis ☐ 7

Other ☐ 8

Public Health:

- Federal ☐ 9
- Provincial ☐ 10
- Municipal ☐ 11
- Visiting Nursing ☐ 12
- Industry ☐ 13

If other, specify .....

School of Nursing:

- Hospital ☐ 14
- University ☐ 15

If other, specify .....

- Armed Services ☐ 16
- Private Nursing ☐ 17

If other, specify .....

e) Position held:

- Staff Nurse ☐ 1
- Head Nurse (Assistant) ☐ 2
- Supervisor ☐ 3
- Instructor ☐ 4
- Director of Nursing (Assistant) ☐ 5
- Consultant ☐ 6
- Hospital Administrator ☐ 7

If other, specify .....

f) Please indicate your annual salary range (before deductions):

- $10,000 and over ☐ 8
- $ 8,000 - $10,000 ☐ 7
- $ 6,000 - $ 8,000 ☐ 6
- $ 5,000 - $ 6,000 ☐ 5
- $ 4,000 - $ 5,000 ☐ 4
- $ 3,000 - $ 4,000 ☐ 3
- $ 2,000 - $ 3,000 ☐ 2
- Less than $2,000 ☐ 1

g) In the year 1962 did your practise Nursing:

- Full time on a regular basis (12 months) ☐ 1
- Part time on a regular basis (12 months) ☐ 2
  for ..... hours a week.
- Part time irregularly ☐ 3
  for ..... days in year.
- Full time periodically ☐ 4
  for ..... days in year.

h) Do you participate in any Pension or Annuity Plan?

- Yes ☐ 1
- No ☐ 2

7. FOR THOSE NOT EMPLOYED AS A NURSE IN 1962.

a) Please state main reason for not nursing:

- Retired ☐ 1
- Studying a course in nursing ☐ 2
- Married ☐ 3
- Illness ☐ 4
- Looking for employment in Nursing ☐ 5
- Employed in field other than Nursing ☐ 6

Specify .....

If other, specify .....

b) Do you intend to return to Nursing at some later date?

- Yes ☐ 1
- No ☐ 2

c) Would you return to active nursing NOW if suitable arrangements existed regarding:

- Hours of work ☐ 1
- Care for dependents ☐ 2

If other, specify: .....

.....

d) How many years is it since you were employed as a nurse?

Thank you for completing this questionnaire

SURVEY OF REGISTERED NURSES, 1962

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Acute Coronary Artery Disease

A. BLUMHAGEN

The following article was adapted from a nursing care study submitted in the Macmillan Award Competition for 1962.

Introduction

Diseases of the heart have become one of the leading causes of death in the so-called developed countries. This fact does not mean that we should adopt a fatalistic attitude and regard heart attacks as inevitable occurrences about which little can be done. The person with a heart condition, under proper management, is capable of living a comfortable, happy, useful life. He must accept his limitations, learn to live within them and cooperate in any medical program designed to lessen strain upon his heart such as weight reduction, control of infection or conditions such as diabetes.

It is possible that much more can be accomplished in the way of prevention. We know, for example, that overwork, excessive emotional strain, lack of rest and irregular patterns of living are contributory factors in heart disease. This knowledge can be incorporated into our health teaching programs and, since example is frequently the best teacher, we can practise rules of healthful living ourselves. In addition we can encourage people, regardless of age, to seek *early* medical advice when symptoms or signs pointing towards possible heart involvement first make an appearance. Indications can range from attacks of shortness of breath to a feeling of discomfort similar to that of indigestion. Prompt treatment may successfully thwart a heart attack.

Miss Blumhagen is an intermediate student, Edmonton General Hospital, Alta.

The patient who has experienced a heart attack may, quite understandably, be frightened. Since rest is an absolute prerequisite to his recovery, this fear must be allayed if total physical and mental rest is to be achieved. The patient should feel free to express his fears since the mere fact of exposing his anxieties verbally can, sometimes, minimize them. The nurse and the doctor must be prepared to help him to understand what has happened to his heart, what can be accomplished through treatment and, equally important, how he can help himself both during convalescence and in the future.

Miss Brown, 74 years old, five feet four inches in height, and weighing approximately 200 pounds, was admitted with acute coronary artery disease and myocardial ischemia. Her signs and symptoms included:

a. A sensation of pressure and constricting pain in her chest radiating to her left arm for several days in succession;

b. intense anxiety and fear of unexpected death while sleeping;

c. cold, clammy skin;

d. rapid, irregular pulse and low blood pressure;

e. breathlessness, nausea, fatigue;

f. edema of legs, ankles and feet.

Coronary artery disease is, in most instances, the end result of atherosclerosis — the deposition of yellowish, fatty material on the walls of the arteries with consequent narrowing of the lumen. The amount of blood flowing through the artery is subsequently reduced and the myocardium (heart

muscle) is directly affected. If atherosclerosis develops gradually, a collateral circulation may be established but it is not usually adequate to the task of supplying blood to the heart muscle during excessive exertion.

Angina pectoris is usually caused by atherosclerosis of the coronary vessels but is also associated with other conditions such as diabetes and hypertension. The pain is paroxysmal, retrosternal or substernal, and frequently radiates to the arm. It is felt that the cause of the pain is a temporarily inadequate blood supply to the myocardium. Predisposing causes of angina pectoris include: emotional strain, exertion, eating, upper respiratory infection. The frequency and severity of attacks tend to increase gradually, with less and less exertion being required to precipitate the pain. Almost characteristically, patients experience a sense of impending catastrophe with each attack.

Miss Brown had been under severe emotional strain prior to her admission. She was extremely apprehensive and, for the first few days of her hospitalization was genuinely afraid of dying in her sleep. This anxiety gradually disappeared.

A series of diagnostic tests were performed very early in her hospitalization. Her hemoglobin level was deficient while blood sugar estimation and a glucose tolerance test indicated the presence of diabetes. Electrocardiographic readings produced evidence of myocardial ischemia but, according to chest X-ray results, her heart was within the normal limits of size.

Miss Brown considered the tests a troublesome burden but having received a full explanation of why they were necessary and plenty of attention from her nurses, she was most cooperative.

Treatment and Nursing Care

General Principles

The immediate care of the patient with coronary artery disease is directed principally towards relief of symptoms and removal of predisposing factors to the greatest extent possible. The long-term program consists primarily in regulation of the patient's daily life: Her eating habits, working hours rest periods, amount of exertion and exercise and, within reason, her thoughts and emotions.

One of the first steps is to provide the patient with an understanding of the origin and significance of her cardiac pain. Realization that it occurs when the heart muscle is not receiving an adequate blood supply and that it is within her power to decrease the work of the heart tends to gain cooperation in observing prescribed treatment. The patient should be taught to observe the physical or mental factors that precipitate her pain as a step towards learning how to control it.

Rest, physical and mental, is a major factor in recovery. The responsibility for ensuring that the patient receives adequate rest belongs mainly to the nurse. Medications ordered by the doctor contribute their part but, here again, the nurse's responsibility is implicit.

The pain of angina pectoris can be relieved by vasodilators that increase blood flow to the heart. Nitroglycerine is very satisfactory for this purpose. A tablet, gr. 1/100, placed beneath Miss Brown's tongue gave relief within a few minutes — one was always available at her bedside. In addition, she was given Demerol p.r.n., partly to relieve pain, partly to control her anxiety.

A carefully calculated, daily dose of digitalis helped to strengthen the heart muscle contraction and to decrease the heart rate. Miss Brown's pulse was checked routinely prior to each administration. A rate below 60 per minute would have indicated the need to withhold the drug until her doctor had been consulted. At no time did her pulse rate reach this level.

Miss Brown also received Marplan, an antidepressant and psychic energizer, that tended to reduce the intensity and frequency of anginal attacks in addition to relieving mental depression. Ferrous gluconate, given at meal times to avoid gastric irritation, successfully counteracted her anemia.

Since insomnia tended to be a problem, Miss Brown was given Soneryl, a mild, rapid-acting hypnotic, during her first week and Doriden, a sedative-hypnotic, later in her hospitalization. Both proved very effective in providing natural sleep and a pleasant awakening.

A head cold that developed during her last week of hospitalization was treated promptly with achromycin, a broad spectrum antibiotic; Hylenta, an oral form of

penicillin; Coricidin, an antihistaminic, analgesic and antipyretic agent that relieved much of the discomfort; Neo-Synephrine nose drops that helped to relieve congestion of her nasal passages. The possibility that upper respiratory infection might induce further anginal attacks justified the intensive therapy.

Nursing care: The factors influencing the plan of care were: Emotional support; provision of rest; skin care; positioning; proper nutrition; exercise; elimination.

Miss Brown was a highly emotional, generally unhappy person. She was almost entirely estranged from her family who, she felt, had imposed upon her financially from her youth and had no real affection for her. Prior to admission, she had experienced a very unpleasant problem in regard to living quarters and, finally, she depended entirely on her old age pension as income — which made her living problem even more difficult. She was lonely, hungry for attention, affection, sympathy and understanding. As a result of her coronary episode, she was also frightened, apprehensive. Even very minor irritations could upset her to an abnormal degree.

Achieving peace of mind for this patient was a prerequisite to ensuring adequate and complete rest. Explanation of what had happened to her heart, of the importance of rest, of what she could do to help herself formed an early part of her care. Advance emotional preparation for treatments and tests forestalled unnecessary excitement and worry and ensured cooperation. Miss Brown was given an opportunity to talk about her personal problems with the realization that a sympathetic listener may, in some instances, be as effective as medication. Often, her nurses were able to offer suggestions as to possible solutions to her problems.

Miss Brown was permitted bathroom privileges only, during the early stage of hospitalization. She was assisted with her bed bath but was permitted to carry out the less strenuous steps of personal care by herself. She required help with her meals since she suffered from Parkinson's disease and the effort of attempting to pour fluids, butter bread etc. was considered too strenuous, too frustrating. Her environment was kept as restful as possible; a nap before lunch and a regular rest period each afternoon became part of her daily routine. Frequent back massage, a comfortable bed and proper positioning — semi-Fowler's to relieve dyspnea — contributed to physical relaxation. Activity was increased gradually until Miss Brown was allowed to sit in a chair for progressively longer periods of time. Listening to the radio and intensive reading of the daily newspaper were her chief pastimes.

Poor circulation, obesity, edema and diabetes made good skin care imperative. Scrupulous cleanliness, frequent back care, special attention to the feet and bony prominences, and frequent change of position were effective measures against decubiti.

Diet was an important consideration since both Miss Brown's diabetic condition and obesity were to be controlled by this means. Foods, at first, were soft to reduce the work of the gastrointestinal tract and thus decrease demands on the heart. Unfortunately, this was one aspect of her care that disturbed Miss Brown very deeply. Repeated explanation was necessary before she finally accepted the fact that a low caloric diet would help in her general improvement. In addition, she especially disliked eating minced meat and it was a happy day for all concerned when this was no longer necessary.

Elimination was another consideration. Constipation and the resultant difficulty in defecation can be a source of severe strain on the heart. The fact that she was permitted to go to the bathroom and that she could indulge in mild activity helped Miss Brown to avoid this problem. A mild cathartic was ordered, for the first days following her admission, as a precaution. The importance of bulk in her diet in respect to elimination was explained as a means of encouraging her to eat her meals.

Health teaching should form an important part of the care of the cardiac patient. She must be helped to overcome unnecessary fear; she must be convinced that she will be able to live a comfortable, useful life; she must learn her limitations and be helped to adjust to them. The latter aim may even require a specific program of rehabilitation such as can now be found in rehabilitation centres. There, for example, the cardiac mother can learn of practical adjustments within the home environment that will permit her to go on caring for her family. Once more, the principles involved are rest and avoidance of unnecessary strain on the heart.

Health teaching began, essentially, with Miss Brown's admission when the importance of rest was explained to her. It continued as she was gradually helped to see why loss of weight was important as well as control of her diabetes and how diet contributed to this.

Climbing stairs, lifting heavy objects, walking too quickly can readily produce anginal pain. Miss Brown was warned that her activities should all be carried out at a slower pace; that she should deliberately avoid situations calling for additional exertion. Even the size of her meals, as well as the planning necessary from the point of view of her diabetes, came under discussion. Heavy meals can be a cause of anginal pain and the cardiac patient may do better on several small meals throughout the day.

Control of infections such as the common cold was emphasized, both because of stress on the heart and possible diabetic complications. One piece of advice fell on deaf ears — Miss Brown was advised to curtail smoking since it is felt that it produces constriction of the blood vessels.

Since she was a highly emotional person, it was important to point out the stress that can be placed on the heart as the result of emotional upset, worry and nervous tension. Difficult as it might be, it was essential to her future well-being that she should develop an optimistic outlook and a calm approach to her problems.

A cardinal rule for the cardiac patient learning to live with his disability might very well be, moderation in all things.

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The contribution made by individuals and groups *voluntarily* is the real foundation of democratic society. It is one of the ways in which, in spite of mechanization and automation, we remain human.

There is no stereotyped way of being altruistic. Every man in a free society can help in his individual way to shape it; that is what sets him apart from those in a slave society. He has ideas, opinions, interests and abilities to contribute.

What is required of volunteers is not a compliant dealing with things as they are, but a positive and spirited adventure into what might be. If it be true, as Galileo said, that you cannot teach a man anything but only help him to find it within himself, then voluntary work for social ends can be the greatest good a person can do himself.

The volunteer is one who is not content merely to change as the world around him changes. He wishes to be in the vanguard of a movement for improvement. He is determined to achieve his highest humanity through leading the way toward constructive relationships with others.

Men may confront their loneliness, their fragmentation, their isolation from the great stream of events which they understand only imperfectly, by returning so far as it is in their power to a feeling of responsibility for society and to taking part in meeting social needs.

— *The Royal Bank of Canada Monthly Letter, Vol. 43. No. 8*

* * *

Everything in the world can be endured, except continual prosperity. — GOETHE

* * *

If a man be gracious and courteous to strangers, it shows he is a citizen of the world. — FRANCIS BACON

* * *

Pleasure is nothing else but the intermission of pain. — JOHN SELDEN

* * *

. . . It may be predicted that in communities that have had satisfactory initial mass immunization programs (against poliomyelitis), but have failed to develop adequate programs for oral vaccination of most of the children during their first year of life, poliomyelitis will within a few years again become a threat to the unimmunized and inadequately immunized children and adults . . . — Dr. ALBERT B. SABIN

The Old Person and His Family

SISTER MARIE KATERI

Every phase of life has its problems. Those associated with old age require understanding by young and old alike.

Life expectancy has been advanced by many years as a result of major medical discoveries at the very moment that our social system has hastened the age of retirement. Consequently, the loneliness, want, and lack of occupation of many elderly people provide a painful contrast to the overexertion, feverish activity and living conditions of most adults. Little by little, without conscious awareness, two worlds — that of the young and that of the old — have developed side by side.

Quite frequently three generations will be found living under the same roof. The complex, mutual relationships that are a part of family life are altered, either negatively or positively, by the presence of the aged person. The final outcome is dependent upon the adjustment and mutual understanding achieved among the members of the various generations. The son progresses from dependency to independence; the father must experience the reverse. It is this break in the natural order of family life that tends to create a psychological problem for the aged. The conflict arises through a consciousness of decline in abilities and the distress caused by a sense of inferiority on the part of the aged person.

Old Age and Adjustment

The elderly person's problem is primarily one of relationships. His social adjustment is in terms of sociological boundaries — his acceptance of his environment and the acceptance of him by those in the environment.

Reisman, an American sociologist, has outlined the possible forms of adjustment by the aged. He singles out three in particular — self-sufficiency, maladjustment and adjustment. The differences are specifically psychological and the old person exhibits certain behavior as a consequence.

He may show resignation, in which case a gradual loss of interest in life will be observed; he may become obstinate, introverted, embittered, demanding and quarrelsome, or, adjustment may be achieved and he develops into a lovable old soul, agreeable, appreciative of trifles, full of good fellowship.

During the course of several weeks spent in home care, a sampling of 60 families, with whom aged parents were living, was observed. Forty-two of them had achieved good adjustment but, if the aged member had been without financial resources or if he had been ill, the arrangement would have been unsuitable. Two alternatives would then be possible: To place the old person in an institution or accept assistance from the community.

The Role of the Aged

Retirement is not the end of life. It is the beginning of a long period of a new kind of maturity with fresh responsibilities. If the first attainment of majority marks entry into active adult life; the second, in contrast, stands for the end of work. The elderly person's activity tends to be mental rather than physical. He no longer has the concern of directing family affairs and settling family disputes and, as a result, he is free to concentrate objectively on family members without any responsibility for intervention in family matters or, even less, for discipline. As a matter of fact, the well-adjusted older person is free to express his opinions without concern for their practical application and without any thought of imposing his way of seeing things upon others.

Siseter Marie Kateri, p.s.a., presented this paper at the first conference on aging, held in Montreal in 1962.

The relationship between grandparents and grandchildren is very different from that between parents and children. The grandparents possess the composure of experience from which youth can benefit. They *have time*, and the young need to observe adults who are not always on the run. It rounds out their picture of life as purposeful evolution and not ill-defined action. For both grandchildren and children, the experience of the aged can provide the basis for independent reflection rather than more or less aggressive argument.

Normal Relationships

The Grey family have six children ranging in age from 14 years to one week. Mrs. Grey's father, 83 years old, lives with the family. He had been given the best room in the house, the only private one. He did his own housekeeping and kept constantly busy with sewing, crochet work, weaving. He managed remarkably well and, with grandfather as an accepted member of the household, there was a very pleasant family atmosphere. The children could turn to him for assistance in understanding life; their parents, for advice on successful living.

Not every old person accepts his state of decline. Faced with the least hint of rejection, he becomes suspicious, aggressive — a normal expression of his emotional distress and insecurity.

Mr. Brown lived with his daughter. In spite of his 86 years, he was alert, jolly, full of life and well-accepted by his own. He became seriously ill and, eventually, through over-exertion his daughter also became ill. Very worried, she persuaded her father to enter a home for the aged. He lived there for a few months, then left and found lodging not far from his daughter's home. Everyone is unhappy. The daughter is terribly upset; Mr. Brown has become aggressive and difficult to handle. Can you blame either one of them?

The Role of the Family

Ordinarily, when hospitalization is requested for an aged person, the family members experience strong quiet feelings. If continued support were available at the opportune moment, if the burden were shared, families would frequently prefer to care for the sick member themselves. In most instances, there is a conflict between their sense of duty and affection on one hand, and, on the other, fatigue and extra responsibility. How many homes have succombed to rejection of the aged person after repeated, hopeless efforts! The interminable, unremitting struggle, little by little, has exhausted both their courage and physical endurance.

In contrast, a fair number of families, through inadequate understanding, have allowed their emotions to take over and have over-protected the elderly person, with subsequent development of the state of resignation described by Reisman.

An example of the foregoing with the consequent loss of interest in life can be seen in the person of Mrs. White who had been bedridden for 31 years. Following an attack of "grippe," she complained of fatigue and was urged by her daughter to remain in bed with the end result that her joints ankylosed. She had no definite ailment but she demanded care 24 hours a day. She is now 91 years old and the two daughters who have cared for her are completely worn out.

Community Resources

To provide effective family support, does it not appear necessary that people in general and according to their abilities, should take note of the problems of the aged? If society, through the medium of social agencies, established a research program for the purpose of promoting greater understanding of old people and their families; providing practical advice; preventing infirmity; improving living conditions, a step would have been taken towards solution of the problems of the aged. This widespread problem requires combined community effort. The individual, even if he possesses the necessary competence and the best of intentions, can do nothing independently.

In meeting the needs of the aged, is society providing them with a gift or can something be expected in return? Have we not seen exceptional work accomplished in the latter years of a productive life? We have famous examples: Valéry, Freud, Goethe, etc. Obviously not everyone possesses the

gifts of a Goethe or Valéry. However, under favorable circumstances, many individuals even into advanced age, would be able to remain mentally alert and capable of experiencing considerable spiritual stimulation.

At peace with the world and his Creator the aged person can now manifest his faith and hopes of Eternal Life. Wisdom and reflection, accumulated and enlightened thinking; the aged person seems to have been set by life in the midst of the most favorable psychological and intellectual environment, conducive to the development of these values. A wise man, Joubert, wrote: "Le soir de la vie apporte avec soi, sa lampeâ" (The evening of life bring its own lamp.) and he goes on to say, "Il y a de la clarté dans les yeux des jeunes; dans ceux des vieillards, il y a de la lumière." (The eyes of youth have light; those of age, enlightment.)

IN MEMORIAM

(Continued from page 741)

Anne Dorothy Savisky (Victoria Union Hospital, Prince Albert, Sask. '32) died in Vancouver on April 17, 1963. She served as a nursing sister with the South African unit during World War II.

* * *

James Alexander Sinclair (Royal Infirmary, Falkirk, Scotland '54) died suddenly in Haney, B.C. Mr. Sinclair was assistant superintendent of nurses, Valley View Hospital, Coquitlam, B.C.

* * *

Sister Augustine (Hôpital St-Joseph, Three-Rivers, Que. '21) died on April 7, 1963. She had taken an active role in professional affairs, particularly in the field of nursing education, during the 1930's.

* * *

Irma Mina (Zollikofer) Wartenweiler (Lindenhof Hospital, Bern, Switzerland '31) died in Edmonton on January 26, 1963. She was a former staff member of Charles Camsell Hospital, Edmonton.

* * *

Ellen Susan (Grummett) Westwood (General Hospital, Portage La Prairie, Man. '14) died in Calgary on March 4, 1963. Mrs. Westwood was honor graduate of her class.

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* * *

Prosperity is something you feel, fold, and send to Ottawa.

Let's Look at University Nursing Programs

MARGARET A. CREIGHTON

Are post-basic nursing programs in Canada too narrow in scope?

Since graduation from a hospital school of nursing less than 10 years ago, I have changed my ideas and formed new opinions on many things. Not the least of these is the philosophy of post-basic nursing education.

Upon graduation, my feelings seemed typical of most Canadian nurses: I could work towards a degree, but why? What is the incentive? I did feel at that time that university degree courses should be composed mainly of nursing and nursing-related subjects, such as most Canadian universities offer today.

As a Canadian nurse residing in southern California for the past few years, I have had the opportunity to observe two types of nursing education in the university setting: the one already mentioned which is science-oriented, and the program which combines liberal arts with nursing. One outstanding impression that I have received in California is that nearly everyone goes to school. Those who work a 40-hour week take courses at night and/or on Saturday. This includes many nurses who are married and who have the added responsibility of keeping a home. In my capacity as a private scrub nurse, I travel to ten different hospitals in the Los Angeles area. At least three operating room staff members from each of these hospitals go to school one to three nights weekly. In each of the other departments at least one nurse is doing the same. Is the percentage this high in Canada? I think not.

The reason for the popularity of education in California may be two-fold:

1. Economic: Many schools are city or state-operated — thus it is possible to receive an education at a very nominal fee.
2. Nursing degree courses offer a much broader education. Almost half the required number of courses are in liberal arts and herein lies a great incentive to higher education. Such courses open up many new worlds of interest to students and at the same time allow them to increase their knowledge in familiar ones. This type of education enables the student to enjoy and appreciate life about her as she has never been able to do before. Not only does it enhance her own life, but it benefits all those with whom she comes in contact.

There is a growing realization that nurses are human beings and not strictly dedicated, medical personnel. We want to be proud of our profession. We want our members to go into the world to take an active part in community affairs and to become good citizens. The more general education a nurse receives, the better-equipped she will be to play her role as a citizen in the world which exists beyond the hospital walls.

It is true that classes in philosophy, music appreciation and literature are not going to enhance our ability to care for the post-operative cardiac patient. On the other hand, how much are continued classes in chemistry and bacteriology going to help us in this same situation?

The emphasis today is on "total" patient care. We must not be so naive as to believe that such total care can be confined strictly within the realms of what we learn in nursing classes. Patients need to talk to human beings who can understand their hopes, their desires and their fears.

I believe that if Canadian universities offered nursing degree courses that contained a broader education than now exists, they

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Miss Creighton is a graduate of the Royal Victoria Hospital School of Nursing, Montreal.

would attract many more students. We want them to attract not only those nurses planning a career in administration, teaching or public health, but nurses in any field, regardless of the number of their active working days.

Education is the greatest weapon we have in the free world. The nation whose people are well-educated will never succumb to suppression by threatening powers. Nurses must have a broad education, if they are going to do their part to keep our country free.

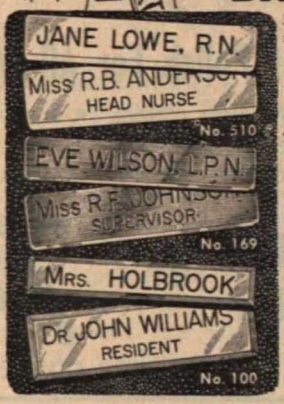
About Books

The Drug, The Nurse, The Patient by Mary W. Falconer, R.N., M.A., Mabelclaire Ralston Norman, R.N., B.S., M.S. and H. Robert Patterson, B.S., M.S., Pharm.D. 518 pages. W.B. Saunders Company, Philadelphia. Ed. 2. 1962.
Reviewed by Miss Barbara Bycroft, Montreal General Hospital, Montreal.

The authors of this text have attempted to present their material with "the patient and his recovery" as their basic consideration. By doing this, they suggest that a balance of emphasis on all areas of discussion — the drug, the nurse, the patient — has been accomplished. "The theoretical study of drugs, to be effective and thorough cannot be separated from practical application." With this in view, the authors also suggest that the text will enable the teacher "to bridge the gap" between pharmacological theory and actual bedside nursing, for the nursing student. These main objectives have been very adequately realized.

This edition is presented in three parts: Introduction, clinical pharmacology and posology. A current drug handbook for 1962-64 is included. The introduction includes practical and simple discussions of hospital and bedside situations, with the sociological and psychological issues and responsibilities of health teaching that may be involved. The second part follows easily. The drugs are discussed according to their effect on each system. A brief review of anatomy and physiology, chemistry, microbiology, physics and sociology is presented at the beginning of each of the chapters. The third part includes basic arithmetical rules for pharmacology and problems to which these may be applied.

Reeves
UNIFORM BADGES



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1 line lettering **60c**
2 lines ___ 90c

169 Trim, tailored all-metal style. . . polished gold or silver plated.
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100 Distinctive snow-white plastic . . . polished gold or silver metal frame.
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I feel it is worthwhile to mention the section "The nurse should remember" at the close of each chapter. It summarizes briefly the main points of discussion with emphasis on the nursing care responsibilities. The review included with each chapter of the book quickly tests the reader's understanding of the material presented, stimulates further reading and investigation, and encourages group study and discussion.

This would be an excellent text for nursing students and clinical instructors, and an interesting and useful reference book for all graduate nurses. As the authors have suggested indirectly this book is for nurses at all levels of experience. Their dedication reads . . . "To our Students, Past, Present and Future."

Psychology for Student Nurses by C. H. Smeltzer, Ph.D. 418 pages. Collier-Macmillan Ltd., 132 Water St., S., Galt. 1962.
Reviewed by Mrs. Laura Kitchen, Direc-

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tor of Nursing, Riverside Hospital, Charlottetown, P.E.I.

Professor Smeltzer has presented the material in a well-organized manner. His method of beginning the study of psychology with the present and referring back to causes and effects emanating from childhood sustains the student's interest in the subject. The introduction of humorous incidents is helpful in putting across points that the author is trying to make.

The advice given to the student on page viii of the Foreword is well worded. It creates the feeling that Professor Smeltzer is aware of the many problems with which the student is faced and, from his knowledge and experience, is offering her assistance.

With its informal style, chapter summaries and discussion topics following each chapter, this text should prove a valuable means of introducing psychology to the student of nursing.

Advice to the Expectant Mother by F.J. Browne and J.C. McClure Browne. 52 pages. E. & S. Livingstone, Ltd., London. Ed. 12. 1962.

This booklet contains practical information concerning diet, clothing, exercise, etc. for the expectant mother. The presentation is clear and concise and should be helpful to the primigravida.

Unit Administration by Tiny M. Calender, R.N., M.Ed. 170 pages. McAinsh and Company Limited, 1251 Yonge St., Toronto 7. U.S.A.: W. B. Saunders Company, Philadelphia. 1962.

Reviewed by Miss Jane Stephenson, Director of Nursing, Saint John General Hospital, Saint John, N.B.

This compact book covers adequately the knowledge and methodology that the supervising nurse needs to participate effectively in her administrative functions in the nursing or teaching unit. As a reference book for all categories of nursing personnel for use in orientation, job analysis, in-service education and, in fact, any part of the nursing service program, the material found would seem to merit an award of excellence for the ease with which it can be interpreted and implemented.

The interrelationships and responsibilities common to nursing service and nursing education are well-defined in a clear, concise manner. This should lead to a more correlated program which, in turn, should result in less confusion and frustration within the two groups whose goal must always be the best nursing care for the patient.

This book deserves a place in every reference library, in the ward, the educational division and the administrative office. It contains an efficient and useful guide to good administration and its major objective — good nursing care.

Essentials of Dermatology by Norman Tobias, M.D. 538 pages. J.B. Lippincott Company, 4865 Western Ave., Montreal 6. Ed. 6. 1963.

The author, an experienced dermatologist, prepared the latest edition of his text "with the hope that it will meet the requirements of a practical manual." To do so, he notes that he has presented only the essentials in

subject material and he has avoided "technical jargon, controversial matter and the rarer diseases."

The opening chapters contain a helpful survey of this medical specialty and therapeutic techniques — basic principles that are applied in succeeding chapters. The text is generously illustrated so that some of the lesions encountered may be studied in greater detail. Of special interest to nurses is the section at the end of most chapters devoted to aspects of special significance in patient care, teaching and treatment.

This would appear to be an excellent reference book for a school of nursing or a ward library. It is comprehensive in respect to the number of conditions discussed: concise as to information offered. The format permits easy, rapid reference. The nurse, student or graduate, could turn to it for a quick review of general information concerning a specific condition — etiology, pathology, recommended treatment — as preparation for more intelligent and understanding performance of her nursing care.

The Worst of Wrangler. 48 pages. Macmillan & Co., Ltd., London. 1962.

For more than four years, "Wrangler," as she aptly called herself, wrote a controversial column in the British journal *Nursing Times*. She succeeded in irritating, amusing and stimulating the many nurses, who avidly pored over her words each week.

The Worst of Wrangler is really the best of her "Talking Point" series. Nurses will find food for thought in each article and at the same time will be delighted with the manner in which each topic is presented.

Mental Subnormality by W. Alan Heaton-Ward. 87 pages. John Wright & Sons, Ltd., Bristol.

This booklet contains information concerning: the diagnosis and causes of mental subnormality; the care of the mentally subnormal in the community and hospital; abilities and behavior; mental illness in the mentally subnormal; legal aspects concerning their care. One chapter has been devoted to intelligence and personality tests.

Nursing Care of the Anaesthetized Patient by Frank Wilson, M.B., B.S., F.F.A.R.C.S. 72 pages. Blackwell Scientific Publications, Oxford. 1962.

The author's purpose is to provide a guide for the student nurse in the operating and recovery rooms. Included are sections concerning positioning of a patient for and following surgery, the proper care of an unconscious patient, and dangers to be avoided.

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IN

SEPTEMBER 1963

Of all the medical specialties, *urology* is perhaps the most exact. Complicated instruments and elaborate laboratory procedures are used to diagnose conditions which, if untreated, could lead to renal damage and ultimately death. The nurse caring for these patients must have an intelligent understanding of the principles involved in treatment and care.

Topical headings of the main articles appearing in the September issue are:

Urological Investigative Procedures and Nursing Care
Renal Failure
Treatment and Care of Prostatectomy Patient
Renal Calculi and Nephrectomy

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Registered Nurse (1) for modern 25-bed hospital. Basic salary $315/m, plus $10 per year in consideration of experience — to a max. of 3 yrs. Accommodation and board $35. Apply: The Matron, Municipal Hospital, Coronation, Alberta. 1-25-1

Registered Nurses for positions in October at new 100-bed Auxiliary Hospital in Red Deer. Salary $300-$345/m, new residence available. For further information contact: Secretary-Treasurer, Auxiliary Hospital, Red Deer, Alberta. 1-76-4

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Registered Nurses for new active 89-bed hospital. Starting salary $300 and increase to $350 max., AARN policy in force, new Nurses' Home with board and room and laundry $35/m. For full particulars write to: Director of Nurses, Municipal Hospital, Wetaskiwin, Alberta. 1-96-1

Registered Nurses (7) and Certified Nursing Aides (5) for new 30-bed hospital at present under construction, opening in Aug. Good personnel policies, maintenance in new nurses' home for $35. Apply: Matron-Administrator, General Hospital, Bashaw, Alberta. 1-4-1

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General Duty Nurses. Starting salary: $300 per mo., 40 hr. work wk. Room, board & laundry available, if desired, at nominal rates. Civil Service holiday, sick leave & pension benefits. Apply to: Baker Memorial Sanatorium, Dept. of Public Health, Calgary, Alberta. 1-14-3

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NURSING SUPERVISOR — Supervisor for 92-bed General Hospital commencing October 1, 1963. Maternity and Emergency experience necessary. RNABC policies in effect. Apply to: Director of Nursing, Kootenay Lake General Hospital, Nelson, British Columbia. 2-47-1

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General Duty Nurses for small active hospital. Salary $294 for unregistered Nurses in B.C. $312 registered, with yearly increments. Nurses' home available. For further particulars write: The Administrator, Lady Minto Hospital, Ashcroft, British Columbia. 2-4-1

General Duty Nurses for active 30-bed hospital. RNABC policies and schedules in effect also Northern allowance. Accommodations available in residence. Apply: Director of Nursing, General Hospital, Fort Nelson, British Columbia. 2-23-1

General Duty Nurses for 200-bed General Hospital with School of Nursing. Salary range $320 to $387. Preplanned shift rotation, B.C. registration essential, 4-wk. vacation after 1-yr. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia. 2-32-1

General Duty Nurses (immediately) for new 25-bed hospital in the Robson Valley. Initial salary $345/m for B.C. registered nurses. Accommodation available in new nurses' residence opened April 21, 1963. Apply: Matron, McBride & District Hospital, McBride, British Columbia. 2-40-1

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Graduate Nurses and Certified Nursing Assistants for 70-bed acute General Hospital on Pacific Coast. Salary for B.C. registered $320 with regular increments; unregistered $305; Nursing Assistants $214-$246. Board and room $25 per mo., 28-day vacation plus 10 statutory holidays after 1 year. Superannuation and medical plans. Apply: Director of Nursing, St. George's Hospital, Alert Bay, British Columbia. 2-2-1

Graduate Nurses and Certified Nurse Aides for 75-bed hospital opened September 1962. Salary: B.C. Reg. Nurse 1963, $320 - $387. Salary: Non Reg. Nurse 1963, $305. Certified Nurses Aides, $200 - $221 RNABC personnel policies in effect. Very active town in Cariboo ranching country. Apply: Director of Nursing, Cariboo Memorial Hospital, Williams Lake, British Columbia. 2-80-1

Graduate Nurses for 60-bed modern hospital in resort area on Vancouver Island. R.N. basic rate $320/m with yearly increments according to RNABC personnel policies. Enquiries: Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia. 2-9-1

Graduate Nurses for General Duty in medicine, surgery, obstetrics, pediatrics and operating room in new, modern 160-bed hospital in city (20,000) on east coast of Vancouver Island. Personnel policies in accordance with RNABC policies. Starting salary for R.N. — $320/m. Apply to: Director of Nursing, Regional General Hospital, Nanaimo, British Columbia. 2-46-1

Graduate Nurses for General Duty (2 or 3) for small hospital in southern B.C. after Sept. 1. Salary $320/m, room, board and laundry $40, 10 paid statutory holidays and 28 days' vacation after one year. Superannuation and sick leave benefits. Excellent working conditions and ample recreational facilities such as swimming, skiing, curling, etc. in area. Apply, giving full particulars to: Adminstrator, Slocan Community Hospital, New Denver, British Columbia. 2-48-1

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Registered Nurses and Certified Nursing Assistants for immediate and future vacancies in this 42-bed hospital. Starting salaries $335 and $225, respectively. Accommodation in new residence available. Usual fringe benefits. For full information, apply to: Director of Nursing, New Liskeard and District Hospital, New Liskeard, Ontario. 7-83-1

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GENERAL DUTY REGISTERED NURSES for 200-bed hospital situated in a beautiful residential town on the shores of Lake Temiskaming. Starting salary $340, good personnel policies including 40-hr. wk., O.H.A. pension plan, etc. Accommodation available in residence if desired. For particulars apply to: Director of Nursing, Misericordia Hospital, Haileybury, Ontario. 7-54-1

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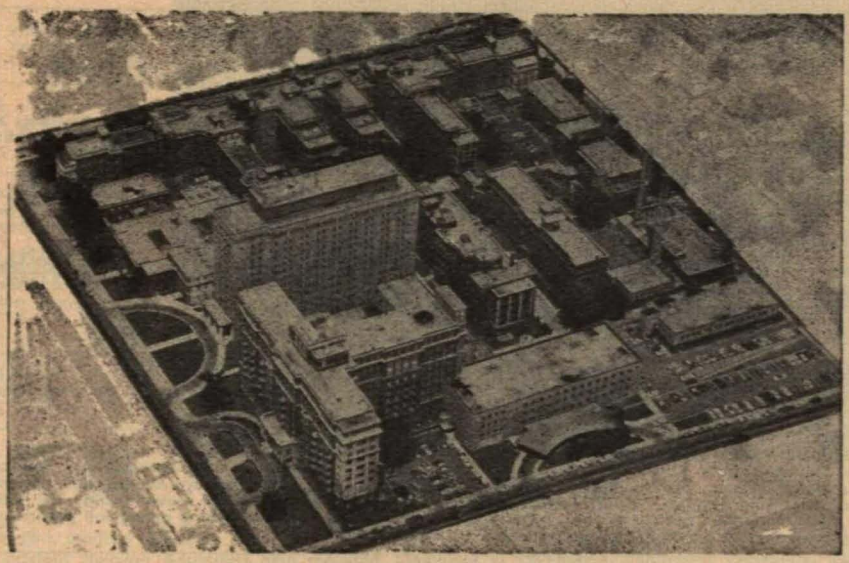

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for
REGISTERED NURSES AND CERTIFIED NURSING ASSISTANTS

Planned Orientation Programme — Inservice Educational Programmes
Opportunity to gain additional knowledge in specialized fields of nursing
Excellent personnel policies
Salaries commensurate with prevailing current salaries in Metropolitan Toronto

For information or application write to:
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REGISTERED NURSES FOR GENERAL DUTY

in modern 20-bed hospital located in thriving Northwestern Ontario community. Starting salary $275 minimum to $325 maximum for three years' experience. Board and room in modern nurses' residence is supplied at no charge. Excellent employee benefits and recreational facilities available. Further particulars on request.

Apply, giving full details of experience, age, availability, etc., to:

EMPLOYMENT SUPERVISOR,
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COURSES FOR R.N.'S N.Y. POLYCLINIC MED. SCH. & HOSP. — in heart of Manhattan — 6-mo. courses in: **O.R. NURSING, OPD. NURSING, MED.-SURG. NURSING.** Classes 4 times yrly: Mar., June, Sept., Dec. Room, meals, Medical Care & monthly cash stipend. Positions available to graduates of our Courses. For information write: Director of Nursing Education, 345 W. 50 St., N.Y.C., NEW YORK. 15-33-24

General Duty Nurses for modern 100-bed hospital. Registered Nurses $315-$345 per mo., Graduates $250-$295; 40-hr. wk., benefits include accident, sickness and life insurance, hospital and medical insurance plans, & OHA Pension Plan. Apply: Miss Tillett, Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario. 7-69-1

General Duty Nurses for 100-bed modern hospital, southwestern Ontario, 32 mi. from London. Salary commensurate with experience & ability; $315 basic salary. Residence accommodation available. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario. 7-131-1

General Duty Nurses Female & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach and great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General and Marine Hospital, Collingwood, Ontario. 7-31-1

General Duty Nurses & Certified Nursing Assistants for new 50-bed hospital with modern equipment. 40-hr. wk., 8 statutory holidays, excellent personnel policies & opportunity for advancement. Tourist town on Georgian Bay. Good bus connections to Toronto. Apply to: Director of Nurses, General Hospital, Meaford, Ontario. 7-79-1

Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary, ear, eye, nose and throat and orthopedic surgery. Good salary and personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario. 7-73-10A

Public Health Nurses (Qualified) for generalized Public Health program. Salary: $4,000 to $5,000 with allowance for experience. Car allowance, P.S.I., Hospitalization and Pension Plan available. Accumulative sick time. Apply to: Dr. M. G. Powell, Director, Peel County Health Unit, 44 Nelson St. W., Brampton, Ontario. 7-16-2

Public Health Nurses (Qualified) for generalized program by Stormont, Dundas and Glengarry Health Unit, located in the Seaway Valley area. Minimum salary $3,700 with a commensurate increase upon satisfactory completion of 12 mo. service. Allowance for experience. 5-day wk. P.S.I. Employer-shared group insurance, pension plan and Ontario hospital insurance. 3-wk. vacation. Cumulative sick leave credits, 1/2 paid as bonus upon separation after 3-yr. service Generous car allowance. Apply in writing giving full particulars to: Miss Glenna French, Supervisor of Nursing, Box 1058, Cornwall, Ontario. 7-34-5

Public Health Nurses (qualified) Salary $3,800 - $4,800. Car allowance, employer shared pension plan and other benefits. Apply to: Mr. Allan F. Stewart, Secretary-Treasurer, Wentworth County Health Unit, Court House, Hamilton, Ontario. 7-55-14

Public Health Nurse for the City of London. Must have public health nursing degree. Full civic benefits. Salary dependent on experience and qualifications with range from $4,175 - $5,185 yearly. Address all correspondence to: W. J. Anthony, Personnel Director, City Hall, London, Ontario. 7-73-12

Public Health Nurse, Lennox and Addington County Health Unit. Salary range, pension plan and other personnel policies will be supplied on request. Applicant need not own a car. For further details apply: M. S. Wilson, Secretary-Treasurer, Box 130, Napanee, Ontario. 7-133-1

Public Health Nurses (Qualified). Salary range $3.850 - $4,600, required in a generalized program in rural and semi-urban area adjacent to Metropolitan Toronto. Excellent working conditions including pension plan, group insurance, and transportation arrangements. Write: Dr. R. M. King, York County Health Unit, 64 Bayview Avenue, Newmarket, Ontario. 7-84-2

Public Health Nurses (qualified). Salary $3,900 - $4,875. Annual increment $195. Transportation provided, the usual employee benefits. Apply: Dr. C. C. Stewart, Medical Officer of Health, City Hall, 50 Center Street, Oshawa, Ontario. 7-92-2

Public Health Nurses (Qualified) for generalized program with City of Peterborough. Salary range: $3,950-$4,780. Personnel policy available on request. Apply to: J. R. Anderson ,M.D., D.P.H., Medical Officer of Health, City Hall, Peterborough, Ontario. 7-101-3

Public Health Nurses (qualified) for generalized nursing service. Salary range: $3,800-$4,750 based on experience. Apply to: Dr. J. M. McGarry, M.O.H. St-Catharines-Lincoln Health Unit, St. Catharines, Ontario. 7-111-4

Public Health Nurse (qualified) for the Porcupine Health Unit. Salary $3,720. Maximum $4,520. Car provided, pension plan, group insurance, cumulative sick leave, 4-wk. vacation and other benefits. Apply to: Dr. G. B. Lane, M.O.H., 70 Balsam Street South, Timmins, Ontario. 7-132-2

Public Health Nurse (qualified - Catholic) for St. Elizabeth Visiting Nurses' Association. Minimum salary $3,996, annual increment, 5-day wk., 4-wk. vacation. $100 uniform allowance, pension, P.S.I. Apply: Director, 99 Gloucester Street, Toronto 5, Ontario. Tel.: 925-8907. 7-133-60

Staff Nurses for all nursing units of a 325-bed, fully accredited General Hospital located in downtown area. Orientation and in-service program. Rotating hours of duty. Attractive salary & fringe benefits. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario. 7-133-9

BERMUDA

Registered Nurses for General Staff. Salary commences at £52.10.0 per mo. Full maintenance in new residence. Transportation allowance. For full particulars, apply: Matron, King Edward VII Memorial Hospital, Bermuda. 13-1-1A

QUEBEC

Registered Nurses and Certified Nursing Assistants for modern 55-bed General Hospital, salary $320/m, 3 annual increases, 40-hr. wk., 4-wk. vacation. **Certified N.A.** starting salary $220, 3-wk. vacation, accommodation available in new motel-style residence. Apply: Superintendent, Barrie Memorial Hospital, Ormstown, Quebec. 9-52-1A

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NURSING OPPORTUNITIES

In this modern 400-bed non sectarian hospital in Administration, Teaching, Staff Nursing. Certified Nursing Assistants also required. Openings in Psychiatry, Pediatrics, Obstetrics and Medicine and Surgery. Excellent personnel policies. Bursaries for post-basic courses in Teaching and Administration.

For further information, please write:

Director of Nursing, JEWISH GENERAL HOSPITAL, 3755 Cote St. Catherine Rd., Montreal, Que.

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is Recruiting General Duty Nurses for all Services

SEND APPLICATIONS DIRECTLY TO:

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WINNIPEG 3, MANITOBA

Registered Nurse for General Duty (11:30 P.M. - 7:00 A.M.) in small Obstetrical unit of an accredited hospital. Basic salary $320 plus night differential and credit for experience. Living accommodation available in motel type residence with out-door swimming pool. Apply: Director of Nursing, Barrie Memorial Hospital, Ormstown, Quebec. 9-52-1B

Graduate Nurse with diploma in Public Health, preferably bilingual. Send particulars to D.W. Lough, Town Manager, 90 Roosevelt Ave., Mount Royal, Que. 9-47-57

SASKATCHEWAN

Registered Nurses (2) commencing salary $330/m with a deduction of $31/m for room and board, residence on grounds. Apply: William M. Graham, Secy., Climax-Bracken Union Hospital, Climax, Saskatchewan. 10-17-1

Registered Nurses (3 immediately) for 14-bed hospital at Coronach, Sask., 12-mi. from U.S. border. Salary $320-$403, experience considered. Residence and board $34.50, pension plan, 40-hr. wk., 3-wk. vacation, sick leave benefits, recreational facilities, daily bus service. Apply to: Mrs. M. Giles, Matron, Union Hospital, Coronach, Saskatchewan. 10-18-1

Registered Nurse (immediately) for Union Hospital, Mossbank, Sask., with Dr. J. T. Stockings in attendance, salaries as per SRNA with increments and benefits. 40-hr. wk., fully modern nurses' residence, daily bus service to the city. Apply to: Mrs. A. Haug, Matron, Mossbank, Saskatchewan. 10-88-1

Registered or Graduate General Duty Nurses for 25-bed hospital. Salary as per SRNA policy: $310 to $385, room and board: $1.15 per day. 5 day, 40-hr. wk. No split shifts. Evening and night shift with extra pay if out of ordinary rotation. 9 statutory holidays, 3 wk. vacation. Free laundry, modern nurses' residence near hospital with TV — 2 channels. Phone: 2-2668 days, 2-2551 evenings or write: Mrs. Janie Sutherland, Superintendent of Nurses, Union Hospital, Eston, Saskatchewan. 10-33-1

REGISTERED NURSES for General Duty (2) for 21-bed hospital, located 100-mi. north of regina and 120-mi. east of Saskatoon. Salary $310 - $370, 40-hr. wk. Residence. Established personnel policies, pension plan. Apply to: Director of Nursing, Union Hospital, Wynyard, Saskatchewan. 10-140-1

U.S.A.

Staff Nurses for 24-bed accredited hospital. Starting salary: $410 with $20 differential for evenings and nights. Vacation and sick leave. 9 paid holidays. Blue Cross Plan. Located in Southeastern Alaska. Apply: Dorothy Thomsen, Administrator, Sitka Community Hospital, Box 500, Sitka, Alaska. 15-2-5

Registered Nurses for modern 374-bed General Hospital on the beautiful, warm Peninsula yet only 20-min. from the heart of cosmopolitan San Francisco. Openings in all nursing services including operating room, emergency room, and I.C.U. Excellent personnel policies, many extra benefits and opportunities for advancement. Telephone collect, OXford 7-4061 or write: Director of Personnel, Peninsula Hospital, 1783 El Camino Real, Burlingame, California. 15-5-20

Registered Nurses. Career satisfaction, interest and professional growth unlimited in modern, JCAH accredited 254-bed hospital. Located in one of California's finest areas, recreational, educational and cultural advantages are yours as well as wonderful year-round climate. If this combination is what you're looking for, contact us now! Staff Nurse entrance salary $370 with automatic increases to $435 per mo., supervisory positions at increased rate. Special area and liberal shift differentials paid. Excellent benefits including Blue Cross hospitalization and surgical coverage and liberal personnel policies. Professional staff appointments available in all clinical areas to those eligible for California licensure. Write today: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California. 15-5-12

Registered Nurses for new 86-bed JCAH approved privately owned hospital, San Francisco Bay Area. Positions available in Operating Room, Medical and Surgical Units. Staff Nurses entrance salary $390 - $410, plus special area, evening and night differential paid. Free Blue Cross Hospitalization and surgical coverage, also State Disability Insurance, with liberal personnel policies and fringe benefits. Uniforms laundered free. Excellent modern housing, schools and colleges. Apply: Director of Nursing, Laurel Grove Hospital, 19933 Lake Chabot Road, Castro Valley, California. 15-5-12A

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Starting salary $375 per mo. plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California. 15-5-39

Registered Nurses, Staff Nurses for permanent positions, various departments, days, eves., nights. Excellent starting salary, increments, benefits and working conditions in one of the largest and finest general hospitals in the West. For details write: Personnel Department, Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California. 15-5-3G

Registered Nurses for private 258-bed hospital for men, women and children. Staff Nurse salaries from $380-$450, differentials for evenings, nights, communicable disease, operating room and delivery. Opportunities in all clinical areas. Holidays, vacations, sick leaves and health insurance. California registration required. Applications and details furnished on request. Contact: Personnel Director, Children's Hospital, 3700 California Street, San Francisco 18, California. 15-5-4

Registered Nurses for 233-bed modern hospital. Positions available — all services, no shift rotation. Liberal benefits, advancement opportunities, educational opportunities in area, equal opportunity employer. Apply: Director of Nursing Service, Kaiser Foundation Hospitals, San Francisco 15, California. 15-5-7

Registered Nurses (Prefer applicants with some knowledge of English) for 350-bed hospital, openings in Southern California, Ventura, located between Santa Barbara and Los Angeles, city of 34,000 ideal year around climate and varied recreational facilities. Salary $366 - $445/m. Nurses' quarters $10/m. Write: Personnel Department, Court House, Ventura, California. 15-5-7

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invites applications for the position of

DIRECTOR OF NURSING SERVICE

The position involves the administration of the nursing service in a 950 bed modern general hospital with medical, obstetrical, surgical and psychiatric services.

The Director of Nursing Service would be directly responsible to the Assistant Administrator.

Graduation from an approved School of Nursing and advanced preparation in nursing administration with proven executive ability in a large general hospital is required.

All enquiries or replies should be sent to the

Personnel Director,
WINNIPEG GENERAL HOSPITAL,
700 William Avenue, Winnipeg 3, Manitoba.

NURSES, REGISTERED

250-Bed General Acute Hospital, Centrally located in SAN FRANCISCO, CALIFORNIA

IMMEDIATE day, evening and night positions available for nurses in:
SURGERY, CARDIAC AND INTENSIVE CARE, GENERAL STAFF DUTY

Qualified applicants guaranteed positions for visa purposes.

SALARY RANGE from $385 to $455 plus $38.50 P.M. shift (3 - 11:30 P.M.) and specialty differentials, medical benefits and liberal holiday and vacation benefits.

GRADUATE medical resident program with University of California Medical School in General Surgical, Neurological, Ortho, and Plastic Surgery.

For further information, please write to:

MISS LOIS JAHN, DIRECTOR OF NURSING,
FRANKLIN HOSPITAL,
14th and Noe Sts., San Francisco, California

Attention! General Duty Nurses 297-bed fully accredited County Hospital located 2-hr. drive from San Francisco, ocean beaches & mountains resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., pd. vacation, pd. holidays, pd. sick leave, retirement plan, social security & insurance plan. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary $395 per mo., plus shift & service differentials. Merit increases to $458/m. Must be eligible for California registration. Writes: Director fo Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California. 15-5-42

General Duty Staff Nurses for large General Hospital, located in college community, central California. Starting salary: $413 per mo. Excellent in-service education program, liberal fringe benefits, shift differential. Apply: Personnel Director, 530 Courthouse, Stockton, California. 15-5-36

Staff Duty positions (Nurses) in private 428-bed hospital. Liberal personnel policies and salary. Differential for evening and night duty. Write: Personnel Director, Hospital of The Good Samaritan, 1212 Shatto Street, Los Angeles 17, California. 15-5-3B

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon and night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California. 15-5-3C

Nurses for new 75-bed General Hospital. Resort area. Ideal climate. On beautiful Pacific ocean. Apply to: Director of Nurses, South Coast Community Hospital, South Laguna, California. 15-5-50

Professional Nurses for immediate openings in 274-bed General Hospital, liberal fringe benefits. Enjoy interesting, challenging position in the ideal climate of Santa Monica Bay. Apply: Director of Nursing, Santa Monica Hospital, 1250-16th Street, Santa Monica, California. 15-5-40

Executive Director generalized public health nursing agency. Potential for program expansion in rapidly growing community 45 minutes from NYC. Staff 8 full time, 5 relief nurses. Master's degree, administrative ability; experience required, salary open. Send résumé to Mr. Charles H. Ulrich, Chairman, Personnel Committee, Visiting Nurse Association, 60 Guernsey Street, Stamford, Connecticut. 15-7-4

General Duty Nurses for 54-bed hospital, minimum starting salary $350 per mo., located near Miami and West Palm Beach. Apply: Director of Nurses, Belle Glade Memorial Hospital, Belle Glade, Florida. 15-10-3

Registered Nurses for 74-bed air-conditioned hospital, growing community. Starting salary: $330 per mo., fringe benefits, vacation, sick leave, holidays, life insurance, hospital insurance, 1 meal furnished. Write: Hendry General Hospital, Clewiston, Florida. 15-10-1

Staff Nurses (All Areas) Orientation and staff development programs, "nurse-saving" equipment, challenging working environment, individualized living accommodations in new air-conditioned cottages. Opportunity to participate in nursing practice of the finest quality in our 200-bed General Hospital, located along Lake Michigan shoreline, 30 mi. from Chicago. Starting salaries $390-$410 plus $20 differential for 3-11 and 11-7. Write: Director of Nursing, Highland Park Hospital, Highland Park, Illinois, for detailed brochure. 15-14-3

Graduate Nurses (Professional) — Want to be a Mount Sinai Nurse? Choose a career that counts at Chicago's Mount Sinai Hospital. Various staff and special assignments. Starting salary to $440 with experience, plus $50 evening differential. $40 nights and premiums for special assignments. Liberal fringe benefit program including vacation to 4-wk. per year; 8 paid holidays; cumulative sick leave, etc. Private rooms in modern residence. Write: Director of Nursing Services, Dept. CJN, Mount Sinai Hospital, Chicago 8, Illinois. 15-14-1C

Staff Nurses and Licensed Practical Nurses (Openings in several areas, all shifts). Minimum starting pay $77 R.N.'s; L.P.N.'s $61 per wk., experience considered, differentials paid for reliefs, nights. Every other weekend off in small community hospital 2 miles from Boston. Living quarters available. Contact: Miss Elizabeth B. Kennedy, R.N., Director of Nursing, Chelsea Memorial Hospital, Chelsea, Mass. 15-22-1

Registered Nurses for 277-bed General Hospital conveniently located to downtown Detroit and Northland Shopping Center. Starting salary range from $391 - $421 depending upon previous experience. Liberal personnel policies. Write to: Director of Nursing, Highland Park General Hospital, Highland Park 3, Michigan, or call TO. 8-5140. 15-23-3

HEAD NURSE for 59-bed nursing home near New York. $90/wk. Room and board available. Resume and references. Apply: OCEAN GROVE NURSING HOME, 63 Clark Avenue, Ocean Grove, New Jersey. 15-31-10

Staff Nurses 380-bed hosp. new 120 med-surg. unit. Trans. pd. 1st class air to Albuq. and return within U.S. in exchange for 1-yr. emp. contract. Come to New Mexico "Land of Enchantment." Career opportunities, largest pvt. JCAH accredited hosp. in state; near U. of New Mexico, R.N. & B.S. pgm. Practical Nurse pgm. accredited state & NAPNE. Vacancies, Med-Surg. & occasionally O.B., Peds., & O.R., salaries $315 per mo. even., night or O.R. with call; 6-mo. increases up to $375; days $300 per mo. with increases up to $360. Rotation from day duty is required only when no person desiring permanent P.M. of night tour is available. Liberal personnel policies include: optional Blue Cross, Discount Hosp. Services, pd. sick leave cumulative to 5 wks., annual physical exam., vacation 1 yr. — 2 wks., 2 yrs. — 3 wks., 5 yrs. — 4 wks. Active in-service pgm. Occasional vacancy hosp. owned apts. New Mexico licensure as professional nurse & U.S. Citizenship (or Immigration Visa) required. Write or call collect: Mrs. Emily J. Tuttle, Dir. of Nursing, Presbyterian Hospital Center, 1012 Gold, S.E., Albuquerque, New Mexico. Phone 243-5611. 15-32-3

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric and pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th Street. Cleveland 6, Ohio. 15-36-1D

Staff Nurses for modern 400-bed tuberculosis hospital, suburban Cleveland, Ohio. Monthly salaries start at $396 with semi-annual increments. Extra for night and relief duty, 5-day work wk., 3-wk. paid vacation, 6 paid holidays, liberal sick leave, comfortable accommodations in nurses' residence at low rate. Learn and earn at a progressive accredited hospital in a growing community. Write: Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio. 15-36-1E

Registered Nurse (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary starts at $387. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland 1, Oregon. 15-38-1

Director of Nursing Service for 500-bed Episcopal General Hospital. Pref. MS degree. Experience required in both nursing education and nursing services. NLN accredited school of nursing. Opportunity for advancement. In complete charge of nursing personnel. Social security and hospital retirement. Must be eligible for registration in Oregon. Write: Director of Nursing, Good Samaritan Hospital, Portland, Oregon. 15-38-1C

Staff Nurses (All Clinical Services) Base salary $350, opportunities for advancement, differential for 3-11 & 11-7 shifts, personnel policies, sick leave, retirement plan, 3-wk. vacation & laundry of uniforms. Orientation & in-service programs, housing available on campus. Apply: Director of Nursing Service, University of Texas Medical Branch Hospitals, Galveston, Texas. 15-44-5

VICTORIA HOSPITAL

LONDON, ONTARIO

Modern 900-bed hospital

requires

Registered Nurses for all services

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40 hour week - Pension plan - Good salaries and Personnel Policies.

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BILINGUAL CLINICAL INSTRUCTOR

Qualifications — Diploma in Nursing Education essential and teaching experience desirable. Salary commensurate with qualifications and experience.

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To be the fourth member of the professional staff of Provincial Office. Broad knowledge of nursing service and personnel administration with advanced preparation desirable. Duties will include all aspects of liaison within the Association which will be achieved by visiting nurses throughout the province. Salary based on experience and preparation. Personnel policies include a pension plan.

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STRATFORD GENERAL HOSPITAL

STRATFORD, ONTARIO.

requires by September 2, 1963

NIGHT SUPERVISOR

Requirements: Diploma — Ward Administration or experience.

SCIENCE INSTRUCTOR FOR SCHOOL OF NURSING 70-80 STUDENTS

Requirements: Diploma in Nursing Education

STRATFORD IS AN INTERESTING CITY.

Apply:

DIRECTOR OF NURSING,
Stratford, Ontario.

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required for
DEPARTMENT OF NURSING EDUCATION, MENTAL HEALTH SERVICES OF B.C., ESSONDALE, B.C. — B.C. CIVIL SERVICE

CLINICAL INSTRUCTORS — to conduct ward teaching program for psychiatric nursing students and affiliates. Salary $376-$450 per month. **CLINICAL CO-ORDINATOR** — to co-ordinate teaching programs for nursing students. Salary $410-$497 per month.

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THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION,
Essondale, B.C. — Competition No. 63:356

General Duty Nurses for 235-bed General Hospital; university city; needs 3-11 and 11-7 shift nurses, salary days $380 - $420; evenings $405 - $445; nights $400 - $440; O.R. start $405 - $445; excellent benefits, including medical and life insurance. Extensive intern-resident educational program. Free quarters available the first month. Must have psychiatric training to obtain a Washington nursing licence. Write Personnel Manager, Virginia Mason Hospital, 1111 Terry Avenue, Seattle 1, Washington. "Work in Seattle and enjoy moderate winters and comfortable summers." 15-48-2B

Staff Nurses — University Hospital wants you if you want a challenging and rewarding position in a modern expanding 320-bed teaching and research hospital located on campus. Salary $375-$439/m. Opportunities in clinical research, premature center, chronic renal program, open heart surgery, and physical medicine, in addition to the general services. Liberal benefits including tuition free courses after six months. Contact: University Hospital, 1959 Pacific Avenue, Seattle, Washington. 15-48-2D

EDUCATIONAL SECRETARY

Duties — The Educational Secretary will have responsibilities primarily in relation to educational programs for members under the supervision of the Director of Education Services.

Recommended Qualifications include B.C. registration, baccalaureate degree in nursing, three to four years of graduate experience, including hospital nursing service.

Salary will be in accordance with the RNABC recommended salary for a qualified instructor.

Apply:

REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA,
2524 Cypress Street, Vancouver 9, B.C.

SOUTH WATERLOO MEMORIAL HOSPITAL

GALT, ONTARIO

REGISTERED NURSES —— REGISTERED NURSING ASSISTANTS

$320 - $350 per month ———— $196 - $216 per month

257-bed fully accredited hospital. Positions available in all departments. Hospital beautifully located on No. 8 Highway, 60 miles from Toronto by 401. Liberal Personnel policies.

APPLY:

DIRECTOR OF NURSING

REGISTERED NURSES REQUIRED

For General Duty in modern 18-bed private Hospital in Iron mining town, 140 miles north of Sault Ste. Marie, Ontario.

SALARY RANGE $310 MINIMUM TO $360 MAXIMUM

Allowance for experience. Board and room available at $20 per month. Transportation allowance up to $50 after 6 months.

Apply:

SUPERINTENDENT OF NURSES
LADY DUNN HOSPITAL, WAWA, ONTARIO

JEFFERY HALE'S HOSPITAL

IN BEAUTIFULL QUEBEC CITY

GENERAL DUTY NURSES

Modern 161-bed General Hospital (Non-Sectarian).

Apply:

MISS K. MARSHALL, DIRECTOR OF NURSING, SCHOOL OF NURSING,
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NURSES

KENORA, ONTARIO

This resort town of 14,000 people has just opened a section of its new 100-bed hospital and in the not too distant future will be opening the second section for which nurses are needed. The hospital is wonderfully located on the shores of beautiful Lake of the Woods in Ontario. In the summer we have activities in swimming, boating, fishing and golfing and in the winter there is skating, curling, tobogganing, skiing and ice fishing.

A nurse's residence is available at a reasonable rate of $20 per month for private room or $15 per month for a double room. Cafeteria services are available at cost as well as a kitchen in the nurses' residence. Separate personnel policies for nurses are available and will be mailed on request. The starting salary is $315 per month. Eight statutory holidays, sick leave, three weeks vacation with pay are some of the benefits of these policies.

All applications will be treated with courtesy and privacy.

Please apply to:

Administrator

Mr. A. C. DUNCAN
KENORA GENERAL HOSPITAL
KENORA, ONTARIO

ASSISTANT OPERATING ROOM SUPERVISOR

with Postgraduate Course in Operating Room Technique and Management.

Required for

375-bed accredited General Hospital. Salary range $350 - $390 per month. Fringe benefits include hospital and medical coverage, generous sick leave, three weeks vacation, and contributory pension plan.

For further information write:

Director of Nursing Service,
METROPOLITAN GENERAL HOSPITAL,
Windsor, Ontario.

BERWYN MUNICIPAL HOSPITAL

Requires Registered Nurses for General Duty — Salary $300 to $345 M.S.I.

Apply to:

DIRECTOR OF NURSING
BERWYN MUNICIPAL HOSPITAL - BERWYN, ALBERTA

PUBLIC HEALTH NURSES

REQUIRED FOR HEALTH BRANCH, B.C. CIVIL SERVICE

Positions available for qualified Public Health Nurses in various centres in British Columbia. SALARY: $375 - $462 per month; car provided. An opportunity for interesting and challenging professional service in this beautiful and fast-developing Province. For further information and application forms, apply to The Director, Public Health Nursing, Department of Health Services and Hospital Insurance, Parliament Buildings, Victoria, B.C., or to The Chairman, B.C. Civil Service Commission, 544 Michigan Street, Victoria, B.C.

COMPETITION No. 63:101

POSITIONS OPEN — REGISTERED NURSES

Starting Salary $330 per month - Allowance for experience - Enquiries invited - Personnel Policies on request - 40 Hour Week - 9 statutory Holidays - Room and Board - Nurses' Residence $45 per month
New Hospital to be completed very soon

Apply to: Mrs. G. AUGER
DIRECTOR OF NURSING, LITTLE LONG LAC HOSPITAL, GERALDTON, ONTARIO

SUPERINTENDENT OF NURSES

Required by 18-bed Private Hospital. Ontario registration required.
Registered Nurse with supervisory experience or experience as Superintendent of small hospital would fill requirements. Two room apartment with bath and all meals supplied for $20 per month. Four weeks annual vacation per year, eight statutory holidays, hospitalization, medical-surgical and Group Insurance. Moving expenses up to $50 refunded following six months employment. Salary scale will be forwarded following application.

Apply to:
MRS. V. M. SWITZER, SECRETARY,
BOARD OF DIRECTORS, Lady Dunn Hospital, Wawa, Ontario.

SCHOOL OF NURSING

METROPOLITAN GENERAL HOSPITAL

requires

INSTRUCTOR IN PEDIATRIC NURSING.

This is an opportunity to participate in the development of a progressive program which emphasizes educational nursing experiences for the student. The program consists of 2 basic, preparatory years followed by one year of Nursing Internship. One class of 32 students is admitted annually. **Duties include:** Clinical and Classroom Instruction in an integrated program of Maternal and Child Care. **Requirements:** University preparation in Nursing Education. — Salary differential for Degree. — Duties to commence August, 1963.

For further information, contact:

Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario.

GRADUATE STAFF NURSES

required for

MEDICAL AND SURGICAL AREAS

University teaching hospital. Applicants should be eligible for Ontario Registration. Personnel policies and further information may be obtained from:

DIRECTOR OF NURSING,
Kingston General Hospital, Kingston, Ontario.

ST. JOSEPH'S HOSPITAL

HAMILTON, ONTARIO

A modern, progressive, 850-bed hospital located in the centre of Ontario's Golden Horseshoe,

has openings for:

1) Head Nurses for Medical or Surgical units. Postgraduate study preferred
2) General staff nurses in all clinical areas.
3) Certified Nursing Assistants in all clinical areas.

For further information write to:

THE DIRECTOR OF NURSING SERVICE
St. Joseph's Hospital, Hamilton, Ontario.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

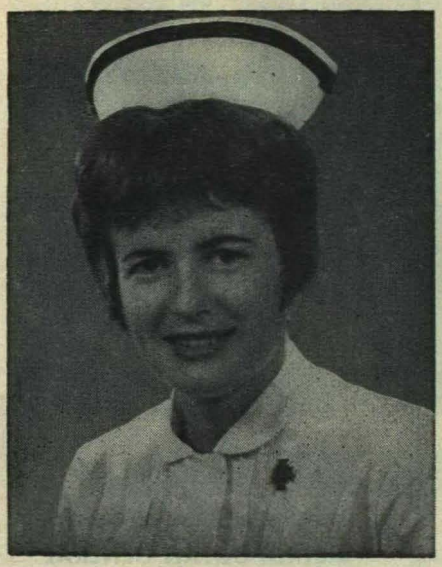
General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week.

Salary range $300 to $360 gross per month. Differential for evening and night duty. Temporary residence accommodation if desired.

Apply to:

DIRECTOR OF PERSONNEL, UNIVERSITY HOSPITAL,
Saskatoon, Saskatchewan.

HUMBER MEMORIAL HOSPITAL



HOSPITAL —
Newly expanded 350-bed hospital. Progressive patient care concept.

SALARY —
1963 schedule General Staff Nurses $325-$375 per month and Certified Nursing Assistants $230-255 per mo.

HOUSING —
Furnished apartments available at subsidized rates.

JOB SATISFACTION —
High quality patient care and friendly working environment, personal recognition and professional development.

You are invited to enquire concerning employment opportunities to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL
200 Church Street, Weston, Ontario - Telephone 249-8111 (Toronto)

GENERAL DUTY NURSES FOR ALL DEPARTMENTS

Gross salary $325 monthly with annual increments for 4 years to $365.

Until registration in Ontario is established — $300.

Rotating periods of duty — 40 hour week, 8 statutory holidays annually — Annual vacation 21 days after one year.

Annual sick time 12 days after one year, unused portion cumulative to 36 days.

Hospitals of Ontario Pension Plan.

Ontario Hospital Insurance and Physicians' Services Incorporated, 50% payment by hospital.

Apply:

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO

CORNER BROOK

Graduate Nurses

are invited to enquire re:

Employment opportunities

in Canada's newest Province. Fully accredited 110-bed hospital, progressive community of 27,000. Magnificent scenery and recreational facilities. Transportation advanced. Residence available.

Enquire to:

Director of Nursing
WESTERN MEMORIAL HOSPITAL
Corner Brook, Newfoundland

REGISTERED NURSES

and

CERTIFIED NURSING ASSISTANTS

for

360-bed accredited General Hospital. Registered Nurses salary range $315-$355 per month with consideration for contemporary experience or special preparation.

Certified Nursing Assistants $210 - $240 per month.

For further information write:

Director of Nursing Service
METROPOLITAN GENERAL HOSPITAL
Windsor, Ontario.

VACANCY

PSYCHIATRY NURSING INSTRUCTOR
PROVINCIAL HOSPITAL

CAMPBELLTON
PROVINCE OF NEW BRUNSWICK

QUALIFICATIONS: Graduation from a recognized school of nursing, supplemented by postgraduate study in psychiatric nursing and teaching, and considerable experience; or equivalent. Registration or eligible for registration as a Nurse in the Province of New Brunswick.

SALARY RANGE: $4,056 — $4,944 per annum.
Annual increments of 5 per cent.
Full Civil Service benefits.
Comp. No. N.B. 63-87

Apply:

CIVIL SERVICE COMMISSION
P.O. BOX 1055
Fredericton, N.B.

OPPORTUNITIES FOR RECENT GRADUATES

Staff positions will be available for Registered Nurses with special interest in rehabilitation and medical nursing. Those showing aptitude will have an excellent opportunity for early advancement to fill newly created posts which command the increases in remuneration as recommended by the Registered Nurses' Association of Ontario.

Starting monthly rate $325-$345. Private residence accommodation with adjoining bath available. Full maintenance $40 monthly. Good location. Transportation advanced if requested.

Participation in clinical conferences, and in-service education program encouraged.

For information contact
The Director of Nursing,

The Queen Elizabeth Hospital,
130 Dunn Ave.,
TORONTO 3, Ont.

PEACE RIVER MUNICIPAL HOSPITAL

Requires

REGISTERED NURSES

FOR NEW 70 BED HOSPITAL

HEAD NURSES FOR MATERNITY AND SURGICAL FLOOR, AND GENERAL DUTY NURSES

AIR FARE FROM CANADIAN POINTS TO PEACE RIVER WILL BE REFUNDED AFTER 12 MONTHS EMPLOYMENT.

For information write to:

Director of Nursing,
MUNICIPAL HOSPITAL, PEACE RIVER, ALTA.

NURSING CONSULTANT

Michigan's progressive State Crippled Children Commission has a position open for a

Handicapped Children's Nursing Consultant at the IIIa level

Salary $7,475 to $9,563 annually effective July 14, 1963

All Michigan Civil Service benefits, including an outstanding state contributory insurance program. Position offers opportunity to work directly and indirectly with handicapped children, parents, health and welfare agencies, and professional groups in consultant capacity; to participate in arranging for diagnostic field clinics; in the promotion of cooperative relationships with public and voluntary health organizations; and to participate in professional educational activities.

Requirements include registration as a graduate nurse in Michigan; possession of a bachelor's degree in nursing with specialization in public health; and graduate training in a special field related to the care of handicapped children as evidenced by (a) completion of an approved course in physical therapy, or (b) possession of a master's degree in Pediatric Nursing, or (c) possession of a master's degree in Public Health with emphasis on Maternal and Child Health. As position is to be filled at a very early date, it will be advantageous to send inquiries immediately to the

MICHIGAN CIVIL SERVICE COMMISSION,
320 South Walnut Street, Lansing 13, Michigan.
An equal opportunity employer.

Applications are invited for the position of

PUBLIC RELATIONS SECRETARY

OF THE NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

QUALIFICATIONS:

R.N., preferably bilingual, mature, with leadership ability and desirable personable qualities enabling her to establish good relationships; interested in public speaking and writing; post-basic education desirable.

SALARY NEGOTIABLE.

Apply to:

The President,
THE N.B. ASSOCIATION OF REGISTERED NURSES
231 Saunders Street, Fredericton, New Brunswick.

OPERATING ROOM SUPERVISOR

REQUIRED

200-bed General Hospital fully accredited
Pleasant City — 3 colleges
Good salary and personnel policies

For further information apply to:

The Director of Nursing,
GUELPH GENERAL HOSPITAL,
Guelph, Ontario.

INSTRUCTORS

MEDICAL-SURGICAL NURSING

This is an opportunity to participate in the development of a progressive School of Nursing. **Student enrollment of 300 — New School of Nursing, Medical and Surgical Units just completed.**

Duties include classroom and clinical instruction in certain areas of an integrated course in Medical-Surgical Nursing.

Requirements: University preparation in Nursing Education.

Apply to:

DIRECTOR OF NURSING
St. Joseph's School of Nursing, Hamilton, Ontario

GRADUATE NURSE

REQUIRED FOR POSITION OF

HOSPITAL INSPECTOR AND CONSULTANT

HOSPITAL INSURANCE SERVICE, VICTORIA, B.C. CIVIL SERVICE

Salary $401-$493 per month. Duties include visiting public and private hospitals as a Consultant and preparing reports on these visits, reviewing hospital plans and estimates, answering requests for advice, undertaking special projects and related work. Applicants must be Canadian citizens or British subjects with training as a nurse and eligible for registration in B.C., preferably postgraduate training in nursing administration, should have experience in a senior position in nursing administration, must be willing to travel extensively within the Province, must be able to meet people easily and deal with them effectively.

For application forms apply IMMEDIATELY to:

THE B.C. CIVIL SERVICE COMMISSION,
544 Michigan Street, Victoria, B.C. — Competition No. 63:32B.

OPPORTUNITY IN LABRADOR

*Graduate nurse, minimum three years experience, preferably with training in obstetrics, for new community of Twin Falls.

*Salary $460 a month; your own deluxe trailer available at $60 a month; full fringe benefits.

*Return air fare paid; one year renewable contract.

*Sole professional responsibility for isolated company community of about 25 families (100 people); will maintain liaison with nearest doctors in region.

*Boating, swimming, hunting, fishing, skiing at your doorstep.

Please send complete resume including photo immediately to:

MR. P. S. MARCHANT,
TWIN FALLS POWER CORPORATION LIMITED,
1980 SHERBROOKE STREET WEST,
MONTREAL.

OPERATING ROOM NURSES

New 12 theatre O.R. suite to open in August. Charge Nurses and General Staff (needed immediately). Planned orientation program. Opportunity for advancement. All surgical specialties except Open Heart Surgery. B.C. Registration required. Basic salaries: Charge Nurse $341 - $412. General Staff Nurse: $325 - $393. Additional remuneration: for post-graduate course ($10 per month); previous experience; 'on call' and overtime (as required). Personnel policies and illustrated brochures of the hospital, the City of Victoria and Vancouver Island will be sent on request.

Please address inquiries to:

Director of Nursing,
ROYAL JUBILEE HOSPITAL,
Victoria, B.C., Canada.

WOODSTOCK GENERAL HOSPITAL

WOODSTOCK, ONTARIO

requires

MEDICAL CLINICAL TEACHER

Preferably with B.Sc.N. degree and experience
Salary commensurate with qualifications and experience

Apply to:

DIRECTOR OF NURSING
WOODSTOCK GENERAL HOSPITAL, WOODSTOCK, ONTARIO

THE PETERBOROUGH CIVIC HOSPITAL

requires

STAFF FOR GENERAL DUTY

A MEDICAL SURGICAL INSTRUCTRESS

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

SCHOOL OF NURSING

METROPOLITAN GENERAL HOSPITAL

requires

INSTRUCTOR IN PSYCHIATRIC NURSING

This is an opportunity to participate in the development of a progressive program which emphasizes educational nursing experiences for the student. The program consists of 2 basic, preparatory years followed by one year of Nursing Internship. One class of 32 students is admitted annually. **Duties include:** Instruction in Introductory Psychology and Mental Hygiene. Clinical and Classroom Instruction in Psychiatric Nursing. **Requirements:** University preparation in Nursing Education. — Salary differential for Degree. — Duties to commence August, 1963.

For further information, contact:

Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario

OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL

OAKVILLE, ONTARIO.

General Duty Nurses required for all departments (including operating room) in modern 163-bed fully accredited hospital, expanding to 340 beds. Oakville is a progressive community situated on Lake Ontario just twenty miles from the cities of Toronto and Hamilton. Excellent salaries and personnel policies. Modern apartment-style staff residence under construction. Further details will be furnished on request.

Apply:

Director of Nursing,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL,
Oakville, Ontario.

SOUTH PEEL HOSPITAL, COOKSVILLE

HEAD NURSES AND GENERAL DUTY STAFF NURSES

required for

All departments of a new 450-bed General Hospital situated just 7 miles west of Metropolitan Toronto.

Salaries paid in accordance with the Toronto Schedule.

Many fringe benefits, including portable pensions.

Additional salary allowances for postgraduate qualifications.

For information or application, write to:

DIRECTOR OF NURSING,

South Peel Hospital, Cooksville, Ontario.

QUEENSWAY GENERAL HOSPITAL

has opportunities for male and female

REGISTERED NURSES

to

expand your professional training and skill in our modern P.P.C. accredited hospital where your nursing capabilities may be used to the fullest in a harmonious and congenial environment.

For further information write to:

THE DIRECTOR OF NURSING,
QUEENSWAY GENERAL HOSPITAL,
Sherway Drive, Toronto 18, Ontario.

GRADUATE STAFF NURSES

Opportunities for men and women on all services including metabolism, rehabilitation, psychiatry, recovery room, medicine, surgery, pediatrics, obstetrics, operating room, and emergency room. Well planned orientation and in-service programs, tuition-free courses at Western Reserve University after 3 months employment, low cost housing in nurses' residence. Liberal personnel policies with premium for evening and night tours of duty. Starting rate based on experience and education. Staff nurse salary range $385 to $425. Write for more information and the booklet "New Horizons in Nursing," to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITALS OF CLEVELAND
University Circle, Cleveland 6, Ohio

MONTREAL CHILDREN'S HOSPITAL

has vacancies for

1. **Registered Nurses and Certified Nursing Assistants**
   on various wards — Bilingual preferable but not necessarily.
2. **Operating Room Nurses with either postgraduate preparation or experience.**

Apply in writing to:

Director of Nursing
MONTREAL CHILDREN'S HOSPITAL
2300 Tupper Street, Montreal 25, Que.

SCHOOL OF NURSING

METROPOLITAN GENERAL HOSPITAL

requires

INSTRUCTOR IN FUNDAMENTALS OF NURSING AND MEDICAL NURSING

This is an opportunity to participate in the development of a progressive program which emphasizes educational nursing experiences for the student. The program consists of 2 basic, preparatory years followed by one year of Nursing Internship. One class of 32 students is admitted annually. **Duties include:** Clinical and Classroom Instruction in Fundamentals of Nursing; integration of introductory Pharmacology (Solutions and Dosage); instruction within an integrated course of Medical-Surgical Nursing. **Requirements:** University preparation in Nursing Education. — Salary differential for Degree. — Duties to commence August 1, 1963.

For further information, contact:

Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario.

NURSES

If you desire to practise your profession in a modern and scientific hospital, that has 21 specialties and 1,050 beds, join the nursing staff of

NOTRE DAME HOSPITAL

Generous salaries, according to qualifications, with periodic increases. Differential for evening and night duty, 10 statutory holidays. Vacation based on date of employment. Pension plan. In-service education program. Recreational center

For information, write to:

LA DIRECTRICE DU NURSING
HOPITAL NOTRE-DAME, 1560 est, rue Sherbrooke, Montréal 24

THE SCARBOROUGH GENERAL HOSPITAL

A new modern hospital located 10 miles from downtown Toronto invites applications from:

REGISTERED NURSES
REGISTERED NURSING ASSISTANTS

Opportunities are offered in Supervisory, Head Nurse and General Duty positions. Services are offered in Medicine, Surgery, Obstetrics, Pediatrics, Emergency and Intensive Care Units.

Salaries commensurate with prevailing current salaries for Nurses in Metropolitan Toronto and adjustable with experience and educational qualifications.

Progressive Personnel Policies, Pension Plan, Orientation and In-service Program.

For further information write to:

DIRECTOR OF NURSING
SCARBOROUGH GENERAL HOSPITAL, SCARBOROUGH, ONTARIO

THE GENERAL HOSPITAL OF PORT ARTHUR

Invites applications for the position of

ASSISTANT DIRECTOR OF NURSING SERVICE

SALARY COMMENSURATE WITH QUALIFICATIONS AND EXPERIENCE

Apply to:

DIRECTOR OF NURSING
GENERAL HOSPITAL OF PORT ARTHUR
PORT ARTHUR, ONTARIO

OSHAWA GENERAL HOSPITAL

Oshawa, Ontario

Requires for School of Nursing

CLINICAL INSTRUCTOR IN SURGICAL NURSING

with Certificate in Nursing Education

For further information, apply to:

DIRECTOR OF NURSING,
Oshawa General Hospital, Oshawa, Ontario.

GENERAL DUTY NURSES

SALARY RANGE $327 - $362

Required by Metropolitan Toronto for the new Riverdale Hospital, a 800-bed hospital for chronic and convalescent patients. Shift allowances for afternoon and night shifts. Cumulative sick pay and pension plans are in effect. Permanent positions, 40 hour week.

Apply:

PERSONNEL OFFICE,
387 Bloor Street East, Toronto 5, Ontario.

OPERATING ROOM SUPERVISOR

required

for 66-bed accredited hospital, excellent opportunity for Registered Nurse with P.G. course or extensive O.R. experience. Border town, 10 minutes from downtown Buffalo.

Apply:

Director of Nursing,
DOUGLAS MEMORIAL HOSPITAL,
Fort Erie, Ontario.

MONTREAL CHILDREN'S HOSPITAL

invites applications

From Graduate Registered Nurses with Psychiatric postgraduate preparation and Male Child Care Workers to fill vacancies on small 14-bed active Psychiatric Unit. Good personnel policies. Salary commensurate with experience and preparation. Active In-Service Program.

Apply in writing to:

DIRECTOR OF NURSING,
Monreal Children's Hospital, 2300 Tupper Street, Montreal 25, Que.

YOUR INQUIRY
RE:

Opportunities for Registered Nurses at this General Medical Teaching Hospital 30 minutes from Windsor, Ontario.

IS INVITED

Please write or call:

CHIEF, NURSING SERVICE
VETERANS ADMINISTRATION HOSPITAL,
DEARBORN, MICH.

Telephone: LOgan 2-6000, EXT. 336
Excellent working conditions.
Liberal Benefits.
Minimum $5,035.

GREY COUNTY HEALTH UNIT

Public Health Nurses are required for a generalized program.
Minimum salary $4,000 with allowance for experience.
Additional benefits include: OMERS pension plan; 50% of Hospital Insurance and Physicians' Services Blue Plan; cumulative sick leave; four weeks vacation; generous travel allowance.

Apply to:

DR. F. R. MANUEL,
MEDICAL OFFICER OF HEALTH,
Grey County Health Unit,
County Building,
Owen Sound, Ontario.

THE CANADIAN RED CROSS SOCIETY

SEEKS

Registered Nurses willing to serve as volunteer Home Nursing Instructors in the Red Cross Branch in their own community.

and offers interesting and challenging positions in
OUTPOST NURSING
PUBLIC HEALTH NURSING
BLOOD TRANSFUSION SERVICE

Salaries are in proportion to experience and qualifications.

Transportation arranged under certain circumstances.

Bursaries available for postgraduate studies.

Group insurance, pension plan and other benefits.

For information please contact:

NATIONAL DIRECTOR,
NURSING SERVICES,
THE CANADIAN RED CROSS SOCIETY
95 Wellesley Street East,
Toronto 5, Ontario.

ASSISTANT SUPERVISOR

OPERATING ROOMS

required by

UNIVERSITY OF ALBERTA HOSPITAL

EDMONTON, ALBERTA

Applications are invited for the above position. Benefits include group insurance, pension plan, sick leave allowance etc. Salary credit allowed for preparation and previous experience.

For further information, apply:

Director of Nursing,
UNIVERSITY HOSPITAL,
Edmonton, Alberta.

DIRECTOR OF NURSING

KENORA, ONTARIO

This resort town of 14,000 people has a new 100-bed hospital located on the shores of beautiful Lake of the Woods in Ontario. In the summer we have swimming, boating, fishing and golfing. In the winter there is skating, curling, tobogganing, skiing and ice fishing.

A two-room suite with private facilities is available in our nurses' residence at a reasonable fee of $20 per month. There are personnel policies governing all staff of the hospital and the nursing director will come under a private contract.

Salary is negotiable.

Excellent opportunity for any registered nurse interested in nursing administration.

Please reply to:

Mr. A. C. DUNCAN
Administrator
KENORA GENERAL HOSPITAL
KENORA, ONTARIO

CLINICAL AND CLASSROOM INSTRUCTOR

with advanced preparation required for August, 1963

APPROVED SCHOOL OF NURSING

Junior students attend Lakehead College for instruction in the basic physical and social sciences and English.

Fully accredited hospital — 300-beds. This is one of the loveliest parts of Canada, and is both a summer and winter sports resort.

For further information write to:

THE DIRECTOR OF NURSING
General Hospital of Port Arthur
Port Arthur, Ontario

THE VANCOUVER GENERAL HOSPITAL

Continuing and temporary appointments

for

GENERAL DUTY NURSES

are currently available. Full range of employee perquisites with monthly salary of $325 ($341 for two years of experience) rising to $374 per month.

Please address correspondence to:

PERSONNEL DIRECTOR
THE VANCOUVER GENERAL HOSPITAL
10th AND HEATHER,
Vancouver, B.C.

GENERAL STAFF NURSE POSITIONS

AVAILABLE

in the General Operating Rooms (includes general surgery, cardiac, neurosurgery, plastic, ear, nose and throat and urology), Gynecological and Ophthalmological operating rooms. Salary commensurate with experience. Opportunities for promotion. Excellent fringe benefits including refund of tuition up to six points per semester.

For further information write:

DIRECTOR, NURSING SERVICE
THE JOHNS HOPKINS HOSPITAL
Baltimore 5, Maryland

ST. JOSEPH'S HOSPITAL

Toronto, Ontario

REGISTERED NURSES
and
CERTIFIED NURSING ASSISTANTS

600-bed fully accredited hospital provides experience in Operating Room, Recovery Room, Intensive Care Unit, Pediatrics, Orthopedics, Obstetrics, General Surgery and Medicine.

Orientation and Active In-service program for all staff.

Salary is commensurate with preparation and experience.

Benefits include Pension Plan, Group Life Insurance, Sick Leave — 12 days after one year, Ontario Hospital Insurance — 50% payment by hospital.

Rotating Periods of duty — 40 hour week, 8 statutory holidays — annual vacation 3 weeks after one year.

Apply

ASSISTANT DIRECTOR OF NURSING SERVICE
ST. JOSEPH'S HOSPITAL
30 The Queensway, Toronto 3, Ontario

CITY HOSPITAL, SASKATOON, SASK.,

OBSTETRICAL SUPERVISOR

Required for

(340 beds)

Salary commensurate with preparation and experience. Liberal vacation with pay, cumulative sick leave, superannuation plan.

For further information, apply:

DIRECTOR OF NURSING

PUBLIC HEALTH NURSE

for town of Elliot Lake. Salary: $4,200 to $5,200. Annual increment: $210. 5 day week — 4 week vacation. Provide own transportation. Group insurance, hospitalization and P.S.I. employer shared.

Apply to:

Dr. J. P. Moody, Medical Officer of Health,
MUNICIPAL OFFICES,
Highway 108, Elliot Lake, Ontario.

DIRECTOR OF NURSING

SOUTH WATERLOO MEMORIAL HOSPITAL, Galt, Ontario

The position involves responsibility for the organization of the Nursing Services and the School of Nursing. This modern hospital of 215 beds is now being enlarged to 265 beds. The School of Nursing has 75 students. The successful applicant will have university preparation and several years experience in senior administrative positions.

Please address all enquiries to:

F. B. GADSBY,
ADMINISTRATOR.

NURSES

Nurses required urgently for Operating Room, experienced or keenly interested in O.R. work; salary $320 per month plus $20 call duty per month; $10 per month increase after six months, another $10 per month one year.

REGISTERED NURSES

Also required for general duty work, salary $300 plus $20 per month night duty; same increases.

Apply:

Director of Nursing,
PONTIAC COMMUNITY HOSPITAL,
Box 280, Shawville, P.Q.

"Summer Time is Sports Time" at the Lakehead

The McKellar General Hospital wants Registered Nurses and is willing to prepay costs of transportation for those nurses remaining on staff for one year. Basic salary for Registered Nurses — $325 per month. Good residence accommodation is available.
"The Hospital and the Community are friendly."

Apply to:

DIRECTOR OF NURSING
McKELLAR GENERAL HOSPITAL
FORT WILLIAM, ONTARIO.

GUELPH GENERAL HOSPITAL

Active — 200 beds — Fully accredited

requires

GENERAL STAFF NURSES

Pleasant city of 40,000 close to larger centers. Good personnel policies.

For further details apply to:

THE DIRECTOR OF NURSING
General Hospital, Guelph, Ontario.

OTTAWA CIVIC HOSPITAL

requires

GENERAL STAFF NURSES

for

OPERATING ROOM
MEDICAL
SURGICAL
OBSTETRICAL AND
PSYCHIATRIC
DEPARTMENTS

Apply

EDITH G. YOUNG, REG. N.,
Assistant Director and Administrator of the Department of Nursing

ROSS MEMORIAL HOSPITAL

requires

GENERAL DUTY NURSES

for

MEDICAL, SURGICAL, PEDIATRICS DEPARTMENTS

Good personnel policies. O.H.A. Pension Plan

Enquire:

DIRECTOR OF NURSING
Ross Memorial Hospital, Lindsay, Ontario

QUEEN ELIZABETH HOSPITAL

OF MONTREAL

Positions available for Registered Nurses, general duty in a recently enlarged and modernized 273-bed General Hospital in residential area. Progressive Patient Care currently in effect with intensive intermediate and self-care units established. Positions available also in Obstetrical Department. Salaries and policies are in accordance with the recommendations of the Association of Nurses of the Province of Quebec. Differential paid for permanent evening and night duty. For further information

please make appointment or write to:

DIRECTOR OF NURSING,
Queen Elizabeth Hospital of Montreal,
2100 Marlowe Ave., Montreal 28, Que.

INSTRUCTORS

for

SCIENCE
SURGICAL-CLINICAL
O.R. CLINICAL

University preparation required
Salary differential for degree

For further information apply to:

DIRECTOR OF NURSING
BRANDON GENERAL HOSPITAL
Brandon, Manitoba

REGISTERED NURSES

AND

OPERATING ROOM NURSE

required for:

82-bed hospital. Situated in the Niagara Peninsula. Transportation assistance.

For salary rates and personnel policies apply to:

DIRECTOR OF NURSING
Haldimand War Memorial Hospital
Dunnville, Ontario

THE MONTREAL GENERAL HOSPITAL

offers a varied experience to

OPERATING ROOM NURSES

For further information apply to:

DIRECTOR OF NURSING
THE MONTREAL GENERAL HOSPITAL
1650 Cedar Avenue, Montreal 25, Que.

THE McKELLAR GENERAL HOSPITAL

SCHOOL OF NURSING

will require the following instructors in the summer of 1963:

(1) Basic Nursing Instructor
(1) Surgical Nursing Instructor
(1) Medical Nursing Instructor
(1) Medical-Surgical Instructor

Salary scale is good and so are the Personnel Policies.

Apply to:

DIRECTOR OF NURSING
McKELLAR GENERAL HOSPITAL
FORT WILLIAM, ONTARIO.

REGISTERED NURSE

for

110-bed "HOME FOR THE AGED" with 50-bed bed-care wing. Located on Grand River, Niagara Peninsula within 1 hour's travel to Hamilton, Niagara Falls and Buffalo, N.Y. Modern staff quarters optional.

For full particulars apply:

SUPERINTENDENT

stating qualifications, experience and remuneration

GRANDVIEW LODGE
Dunnville, Ontario

SUPERVISOR

for

Large and active operating room.

Salary commensurate with experience and qualifications.

Please apply for details to:

Associate Director, Nursing Service
REGINA GENERAL HOSPITAL
Regina, Saskatchewan

ST. THOMAS-ELGIN GENERAL HOSPITAL

ST. THOMAS, ONT.

requires

HEAD NURSE for Operating Room on or before Sept. 1, 1963. Must have Postgraduate Course in Operating Room Technique. Excellent policies, O.H.A. Pension Plan.

Apply:

Director of Nursing,
ST. THOMAS-ELGIN
GENERAL HOSPITAL,
St. Thomas, Ontario.

HEAD NURSE MATERNITY

Registration and Postgraduate certificate required for this responsible position in 110-bed hospital in Northwestern British Columbia. Salary $367 - $441 plus $10 for certificate or $25 for university. Newly furnished residence with T.V. Good social activities including bowling, curling, tennis and year round swimming. Full personnel benefits including travel allowance.

Apply to:

Director of Nursing,
GENERAL HOSPITAL,
Prince Rupert, B.C.

ONTARIO CRIPPLED CHILDREN'S CENTRE

Invites applications for positions of Registered Nurses AND Registered Nursing Assistants in 105-bed Rehabilitation Centre for orthopedically handicapped Children. 40 hour week, good personnel policies, Pension Plan.

Apply to:

Director of Nursing,
ONTARIO CRIPPLED CHILDREN'S CENTRE,
350, Rumsey Road, Toronto 17, Ontario.

GENERAL STAFF NURSES

SALARY $380 to $425

(Commensurate w/experience)

$3.00 per day differential for evenings. $1.50 differential for nights. Positions available in Birthroom, Post Partum, Newborn Nursery and Medical - Surgical areas. Time and a half for overtime. Quarters available on hospital grounds. Other liberal fringe benefits.

For more information write:

Personnel Director,
WOMAN'S HOSPITAL,
432 E. Hancock, Detroit 1, Michigan.
TEmple 3-2000

THE ST. CATHARINES GENERAL HOSPITAL

IN THE NIAGARA PENINSULA

requires

REGISTERED NURSES

this fall. Extensive building and renovation program near completion. Accredited hospital approximately 600 beds. Initial salary $325 per month. Excellent personnel policies.

Apply:

Director of Nursing,
THE ST. CATHARINES GENERAL HOSPITAL,
St. Catharines, Ontario.

EDUCATIONAL OPPORTUNITIES

DALHOUSIE UNIVERSITY

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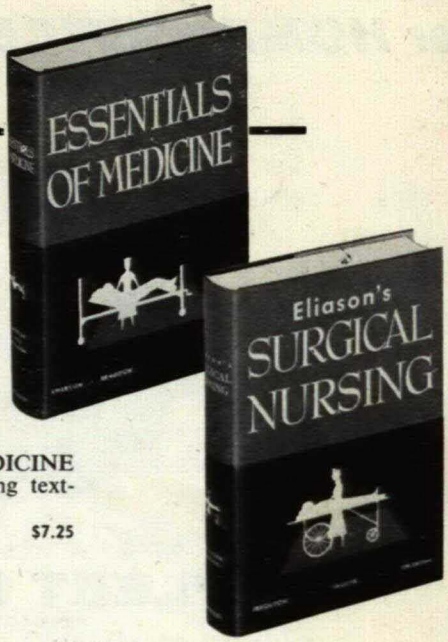

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